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**“I Deserved Better Than That” - Survivors’ Decision-Making Around Legal
Disclosure of Historic Childhood Sexual Abuse: An Interpretative
Phenomenological Analysis**

And Clinical Research Portfolio

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MA (Honours) Psychology

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Submitted in partial fulfilment of the requirements for the degree of
Doctorate in Clinical Psychology

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Chapter 1: Systematic Review

The Association Between Involvement in The Criminal Legal System and Subsequent Psychological Functioning for Children Who Have Been Sexually Abused

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Abstract

Background

Child sexual abuse (CSA) victims may become involved in the legal system for prosecution of the perpetrator. The adversarial nature of many international legal systems has led to growing concern over the possible negative impact of legal involvement for young victims and witnesses.

Objective

To systematically review the existing literature published within peer-reviewed journals regarding the psychological impact of legal involvement for CSA victims.

Participants and Settings

Studies whose participants were under the age of 18 at the time of the abuse and who took part in juvenile or criminal court proceedings were included.

Methods

Web of Science, Ovid MEDLINE, Ovid Embase, PsycINFO and Psychology and Behavioral Sciences Collection databases were searched. 7 eligible peer-reviewed papers were identified and included in a narrative synthesis.

Results

There was limited evidence of a positive association between legal involvement and improved psychological functioning. Some studies found a higher number of interviews correlated with poorer psychological functioning. Findings on the impact of testifying were varied. Most papers received favourable ratings on the risk of bias assessment.

Conclusions

There is limited evidence that legal involvement is associated with psychological functioning. Effects may be mediated by how involvement is supported, strengthening the rationale for ongoing changes to the legal system for child victims.

Key words: child sexual abuse, prosecution, criminal justice, systematic review

Introduction

Childhood sexual abuse (CSA) is defined by the World Health Organisation (2006, p.10) as the “involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society”. In the UK, an NSPCC study (Radford et al., 2011) found 1 in 20 children reported experiencing either physical contact abuse or abuse which involved non-touching activities, such as grooming and other forms of exploitation. Whilst even these rates of abuse are concerning, research suggests factors inherent to this crime - such as feelings of guilt and shame, family context and fear of negative consequences - serve as barriers to disclosure and a likely underestimation of the true prevalence (Goodman-Brown, Edelstein, Goodman, Jones, & Gordon, 2003). For instance, Cawson and colleagues (2000) found that 72% of children who had experienced CSA did not tell anyone about their abuse. For those who do disclose, investigation by social services or the police can lead to the pursuit of prosecution, with the potential benefit of securing justice for the child and preventing further abuse from occurring.

In the last three decades, international concern has grown regarding the potential negative impact of involvement in the prosecution process for child victims of sexual offences (Quas & Goodman, 2012). Much of the feared harm can be considered within the framework of Finkelhor and Browne’s (1985) traumagenic theory of CSA, which outlines consequences of abuse including traumatic sexualisation, betrayal, stigmatisation and powerlessness. Within a legal context, traumatic sexualisation may be compounded by medical examination or repeated interviews regarding intimate details of the abuse.

Betrayal by the abuser may be repeated by feeling let down by professionals within the legal system and the outcome of the investigation. Stigma associated with sexual abuse may be reinforced by hostile and undermining questioning during testimony. Powerlessness within the abusive relationship may be recreated within a legal system which takes ownership of the investigation and disposal of a case once it has been reported (Runyan, Everson, Edelsohn, Hunter & Coulter, 1988; Beckett & Warrington, 2015). Given the already increased risk for emotional and behavioural disturbance for children who have experienced CSA (Putnam, 2003), such legal experiences may exacerbate underlying psychological vulnerabilities and worsen mental health outcomes for those who engage with the legal process. These factors have contributed to a consensus within the Scottish legal system that traditional investigation and court processes, in particular adversarial cross-examination, are not appropriate for ensuring the wellbeing of child witnesses or gaining reliable evidence from them (Scottish Court Service [SCS], 2015).

These concerns are reflected internationally and have led to developments in policy, legislation and practice aimed at reducing the possible re-traumatising effect of legal involvement on children and vulnerable witnesses (Thomson, 2017; Scottish Court Service [SCS], 2015). Measures include multi-disciplinary investigation teams, victim support and court preparation, video-link testimony, the opportunity for victim impact statements and expedition of proceedings (Whitcomb, 2003). Integrated investigation and support services designed to be child-friendly and staffed by specially trained professionals have been implemented in North America, Australia and Scandinavia in the form of the Barnehus and Child Advocacy Centre models (Rasmusson, 2011). These approaches have shown promising results for improving the experience of young

witnesses and increasing prosecution rates (Herbert & Bromfield, 2016). However, adaptations have been difficult to translate into practice in some areas. Plotnikoff and Woolfson (2009) found inconsistent implementation of supports for young witnesses in England and Wales, despite universal entitlement provided for in policy. Nonetheless, international developments in how child witnesses are supported to engage with the legal system have influenced a suite of changes within the Scottish legal context. These include a move towards pre-recording child witnesses' evidence set out in the Vulnerable Witnesses (*Criminal Evidence*) (Scotland) Bill (2018).

The above developments demonstrate a concerted international effort being undertaken to reduce the negative impact of the legal process on child witnesses. To assist in identification of aspects of the experience which may be improved, an understanding of the association between legal involvement and subsequent psychological functioning is necessary, however the subject has received limited primary research attention. Quas and Goodman (2012) outlined the numerous methodological difficulties which contribute to this in their overview of the literature on the psychological consequences of criminal court involvement for child victims. However, their review did not apply a systematic search of the international literature or apply any quality control or appraisal measures. It also integrated research from all child victims, albeit most of the research was with those who were sexually abused. Nonetheless, the unique circumstances of CSA and its prosecution merit special attention.

As such, this systematic review aims to synthesise the available research to address the following questions:

- 1) What is the relationship between criminal legal involvement and subsequent psychological functioning for children who have been sexually abused?
- 2) Are there any links between specific legal procedures - for example, providing court testimony - and subsequent psychological functioning for children who have been sexually abused?

Methods

Information Sources

Studies were identified by searching electronic databases and examining forward citation (using Google Scholar) and reference lists of included studies. The search was applied to the following databases:

- Web of Science Core Collection
- Ovid MEDLINE(R) Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily, Ovid MEDLINE and Versions(R) 1946 to February 28, 2018
- Ovid Embase 1947 to February 28, 2018
- PsycINFO
- Psychology and Behavioral Sciences Collection

The search was from the first available year until February 28, 2018. All databases were searched on the same day, firstly using subject headings and then by keywords (in title, abstract and keyword).

The following terms were used in the search:

1. child OR youth OR teen OR adolescent OR young person AND incest OR molest OR sexual abuse OR sexual assault
AND

2. court OR legal OR police OR criminal justice

AND

3. psychological OR emotional OR mental health OR experience OR mood OR anxiety OR behaviour

These searches were conducted separately and then combined (1 AND 2 AND 3).

The final search strategy was individualised to ensure suitability across databases (see Appendix 2), and developed with the support of a librarian.

Study Selection

Search results were combined and duplicates removed. Articles were then screened for suitability, initially by title and abstract alone, with those remaining read in full to determine eligibility for inclusion.

Eligibility Criteria

Inclusion criteria:

- 1) Participants who were <18 years old at the time sexual abuse was alleged to have occurred. Sexual abuse was defined as any act which met legal requirements within the study's country;
- 2) Participants had legal involvement for the purpose of prosecuting the abuse. Legal involvement was defined as any activity associated with gathering evidence or prosecution of the abuse;
- 3) Where available, included a comparison group of participants who were sexually abused but had no legal involvement. However, studies were not required to have a comparison group;

- 4) Used a validated quantitative measure of self-reported, observational or informant-based behavioural, emotional or psychological outcome for the child;
- 5) Conducted in community, inpatient or outpatient settings;
- 6) Any study design.

Only studies found in peer-reviewed journals were included as a means of establishing a baseline quality measure. No language restrictions were imposed.

Exclusion criteria:

- 1) Assessed mock court room paradigms, given our interest is in the impact of real legal involvement;
- 2) Legal involvement limited to civil custody proceedings, due to the different legal focus and process from criminal proceedings;
- 3) Primarily evaluated specific support mechanisms or interview adaptations for young witnesses, as these were considered to be less representative of the legal experiences for children taking part in proceedings without such supports.

Data Collection Process

Full text articles were considered in line with eligibility criteria. Eligible articles were then reviewed using a data extraction form (Appendix 3) adapted from The Cochrane Collaboration (Higgins & Green, 2011). The data extraction tool was piloted on a randomly selected paper and adapted accordingly. Unavailable data was requested from the corresponding author.

Information was extracted from each study on: 1) characteristics of participants; 2) study design; 3) legal setting; 4) outcome measure and 5) results.

Risk of Bias

To assess the risk of bias and validity of results in individual studies, a risk of bias appraisal tool was applied to included papers. Given the heterogeneity in research designs eligible for inclusion, the Crowe Critical Appraisal Tool (CCAT) was selected (Crowe & Sheppard, 2011) as it allows scores to be flexibly applied across study designs. The CCAT has good construct validity, with moderate to strong correlations with other critical appraisal tools for quasi-experimental, descriptive, exploratory, observational, qualitative and systematic review designs (Crowe & Sheppard, 2011). It has also shown high inter-rater reliability when research designs were pooled, and a moderate correlation for descriptive, exploratory or observational research designs (Crowe, Sheppard & Campbell, 2012). As the review examined a range of study designs and had minimal criteria regarding the quality of studies eligible for inclusion, consideration was given to adapting the risk of bias appraisal tool to ensure all relevant aspects of quality assessment were included. However, due to the flexible application, broad criteria and clear guidance available for its use, no amendments were made to the CCAT for this review. Additionally, the adaptation of the data extraction tool was considered sufficient to ensure key aspects of study design relevant to the risk of bias rating were captured.

Each paper was assigned a total score out of 40 where high scores indicate low risk of bias. The main author rated all papers and 3 were co-rated by an independent reviewer. A threshold of 3 points in either direction was determined as a level of agreement in the overall risk of bias rating as this represented a discrepancy of less than 10%. Where scores deviated beyond this,

agreement was reached through discussion between raters using the CCAT user guide.

Synthesis of Results

Results are described using a narrative synthesis which primarily relied on the use of words and text to summarise the findings. The narrative synthesis included investigation of the similarities and differences between the findings of different studies, as well as exploration of patterns in the data. Key findings were extracted from each of the articles and are presented along with risk of bias ratings.

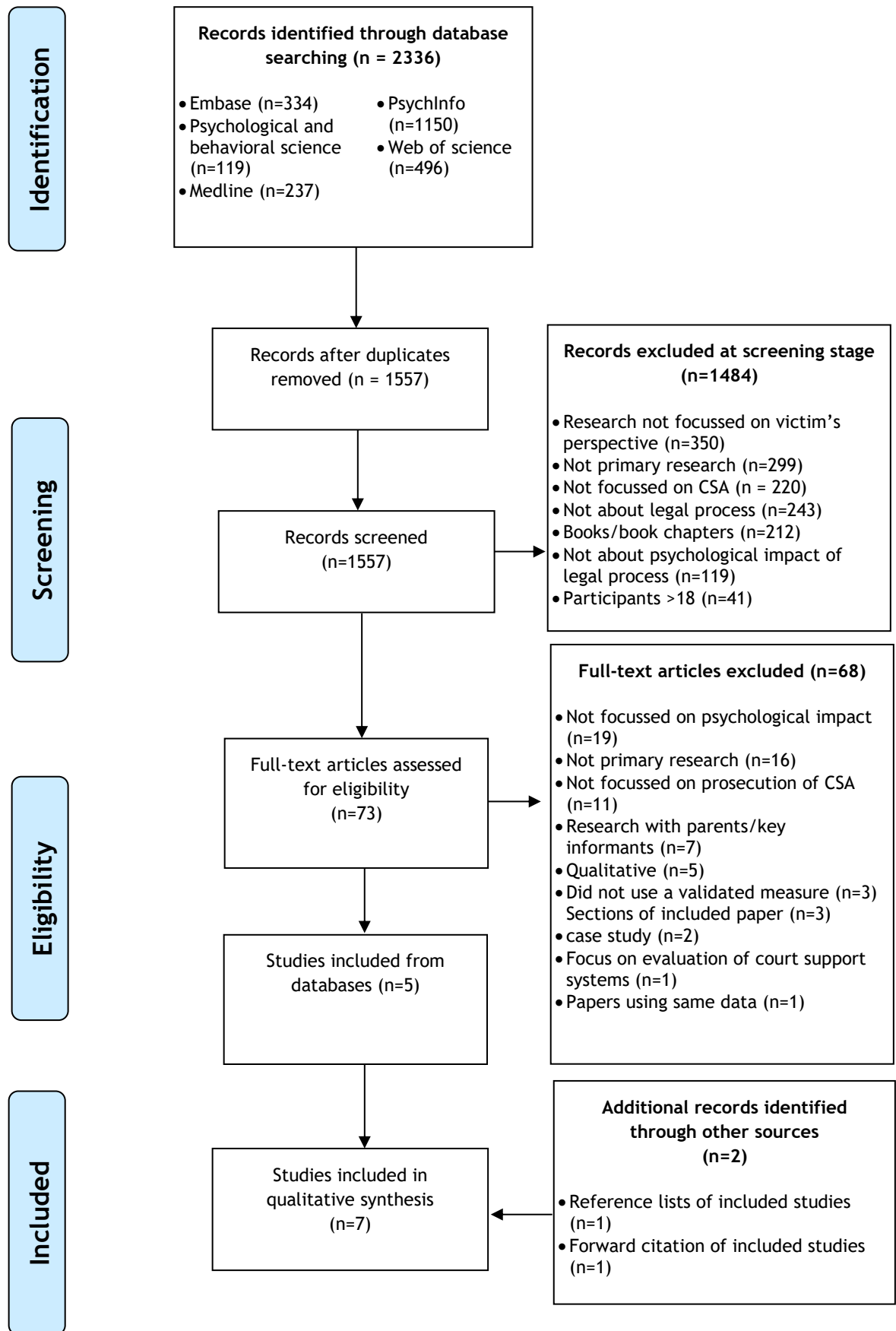


Figure 1. Flow Chart of Final Study Selection

Results

Figure 1 illustrates the selection process for included studies. A total of seven eligible peer-reviewed journal articles were included in the final review. An overview of the key study characteristics and findings are outlined in Tables 1 and 3. The selection includes research across 4 countries: USA (4), Australia (1), Canada (1) and Ireland (1). These countries employ an adversarial legal system.

Table 1. *Study Characteristics*

| Reference | Country conducted | Study design | Mean age (range) | % participants with legal involvement who used supportive measures |
|-------------------------|-------------------|-------------------------------|-------------------|---|
| Runyan et al. (1988) | USA | Prospective cohort | 11.9 (6-17) | Not reported. |
| Goodman et al. (1992) | USA | Prospective cohort | 10.05 (4-17) | <ul style="list-style-type: none"> •15% received courtroom tour. •30% discussed testifying with the Prosecution Attorney. |
| Oates et al. (1995) | Australia | Prospective cohort | 10.8 (7-16.7) | <ul style="list-style-type: none"> •76% interviewed by specialist police. •68% of children who testified at committal received preparation or counselling for court. •100% of children who testified at trial received counselling and preparation. •25% of children who testified used a screen. |
| Henry, J. (1997) | USA | Retrospective cohort | 15 (9-19) | Not reported. |
| Quas et al. (2005) | USA | Retrospective case-control | 23 (16.67-30.33) | Not reported. |
| Connon et al. (2011) | Ireland | Retrospective cross-sectional | 17 (not reported) | Not reported. |
| Daignault et al. (2017) | Canada | Retrospective cohort | 9 (6-13) | All participants seen within a Child Advocacy Centre. |

Study Designs

All seven studies examined the psychological functioning of children who had experienced sexual abuse and subsequently became involved in the criminal legal system. They recruited their samples via specialist CSA investigation or therapy agencies. Most used a retrospective (Henry, 1997; Daignault, Hébert & Pelletier, 2017) or prospective (Runyan, Everson, Edelsohn, Hunter & Coulter, 1988; Goodman et al., 1992; Oates, Lynch, Stern, O'Toole & Cooney, 1995) cohort design, in which children's psychological functioning was assessed at a range of points following contact with social services or the police regarding the abuse. The relationship between psychological functioning and participation in different elements of the legal process was then examined amongst the cohort. Quas and colleagues (2005) conducted a 12.5-year follow-up of the Goodman and colleagues (1992) study with CSA victims who were involved in the legal process. They utilised a retrospective case-control design which compared psychological functioning between CSA victims who testified, CSA victims whose cases were investigated but who did not testify and young people with no history of CSA or legal involvement. The non-CSA group were matched on factors including Child Behavior Checklist scores at the time the CSA group were involved with the legal system.

Connon and colleagues (2011) employed a retrospective cross-sectional design which examined the relationship between CSA victims psychological functioning and their perceptions of experiences with the legal system.

Legal Experiences Examined

After reporting the abuse to social services or the police, participants had varying levels of involvement with the legal system. Three studies included participants for whom no charges against the abuser were subsequently filed

(Runyan et al., 1988; Oates et al., 1995; Dagnault et al., 2017). Two studies included a description of participants' involvement with police interviews (Oates et al., 1995; Henry, 1997). Five studies (Goodman et al., 1992; Oates et al., 1995; Henry, 1997; Quas et al., 2005; Dagnault et al., 2017) included participants whose abuse was prosecuted without requiring their testimony in court. Six studies included participants involved in testifying as part of their case (Runyan et al., 1988; Goodman et al., 1992; Oates et al., 1995; Henry, 1997; Quas et al., 2005; Dagnault et al., 2017). Two studies reported the use of supportive measures utilised by participants during legal involvement (Goodman et al., 1992; Oates et al., 1992).

Risk of Bias Assessment

In addition to the eligibility criteria applied to ensure a minimum quality of included studies, a risk of bias assessment was completed (see Table 2). Overall, the papers had a low risk of bias, represented by a high score on the appraisal tool. Of the three papers which were co-rated, two reached the pre-determined level of agreement. One did not meet the level of agreement; however, the score was resolved via discussion between reviewers. The level of disagreement ranged from 3-7 points for the total score. Overall, papers rated moderately to highly. Studies which received the best ratings (Runyan et al., 1988; Goodman et al., 1992; Quas et al., 2005; Cannon et al., 2011) drew their sample from a wide range of appropriate sources, clearly defined the type of legal involvement examined and statistically controlled for a range of possible confounding variables. The lowest scoring study (Oates et al., 1995) was assessed as having limited exploration of the context of the research, sampling methods, description of how ethical matters were addressed and description of data analysis. For papers which received ratings indicating a low risk of bias (75-

93%), results are considered reliable for their integration in this review. Implications for interpretation of the Oates and colleagues (1995) study are addressed alongside discussion of results.

Table 2. *CCAT Risk of Bias Ratings*

| Paper | Total (max=40) | Preliminaries | Introduction | Design | Sampling | Data collection | Ethical matters | Results | Discussion |
|-----------------------|-------------------|---------------|--------------|--------|----------|-----------------|-----------------|---------|------------|
| Runyan et al. 1988 | 35 | 4 | 5 | 4 | 4 | 5 | 3 | 5 | 5 |
| Goodman et al. 1992 | 37 | 3 | 5 | 5 | 5 | 5 | 4 | 5 | 5 |
| Oates et al. 1995 | 24 | 3 | 3 | 4 | 3 | 4 | 1 | 3 | 3 |
| Henry 1997 | 30 | 4 | 5 | 4 | 4 | 4 | 1 | 4 | 4 |
| Quas et al. 2005 | 36 | 4 | 5 | 4 | 5 | 4 | 4 | 5 | 5 |
| Connon et al. 2011 | 34 | 2 | 5 | 4 | 5 | 4 | 5 | 4 | 5 |
| Daignault et al. 2017 | 30 | 4 | 5 | 4 | 3 | 3 | 4 | 4 | 4 |

Table 3. *Study Outcomes*

| Reference | Outcome measures | Outcome assessment points | Level of involvement with legal process post-police report (n) | Analysis | Findings |
|-----------------------|--|---|--|--------------------------------|--|
| Runyan et al. (1988) | CAS ^a CBCL ^b CBCL-TRF ^b | <ul style="list-style-type: none"> • Intake • 5 month follow-up | No legal involvement (33) Prosecution without testimony (34) Testified (12) | Linear and logistic regression | Testifiers had significantly higher rates of improvement on the CAS Anxiety subscale at follow-up than children who did not testify, including those without legal involvement (42.2% vs. 17.3%, $p=0.018$). Parent and teacher CBCL scores did not show an association with legal involvement. |
| Goodman et al. (1992) | CBCL CBCL-TRF | <ul style="list-style-type: none"> • Intake • Pre-court • 3 months post-court • 7 months post-court • After prosecution ended (max. 27 months) | Prosecution without testimony (46) Testified (46) | ANOVA | There was no difference in CBCL scores between testifiers and non-testifiers at 3-month follow-up ($F[1,43], p=0.72$). At 7-month follow-up, testifiers' CBCL scores were significantly higher than non-testifiers' ($F[1,34]=8.51, p<0.01$). This was especially the case for testifiers who took the stand multiple times, were deprived of maternal support and lacked corroboration. At the final follow-up, when cases were concluded, there was no significant difference in CBCL score between groups ($F[1,25]=0.39$). |
| Oates et al. (1995) | PHSCS ^a CDI ^a CBCL | <ul style="list-style-type: none"> • Intake • 18 month follow-up | No legal involvement (3) Interviewed by police (56) Prosecution without testimony (16) Testified (22) | ANOVA | There was no significant difference at follow-up ($p>0.05$) in CDI, PHSCS or CBCL scores between those whose cases were prosecuted and those whose were not. |
| Henry, J. (1997) | TSCC ^a ISI ^a | <ul style="list-style-type: none"> • Post-conclusion of legal involvement | Interviewed by police (not reported) Testified (30) | Bivariate correlation | There was no significant correlation between testifying and trauma scores ($r=0.03, p=0.73$). The number of interviews was significantly correlated with elevated levels of trauma ($r=0.28, p=0.007$). |
| Quas et al. (2005) | TSI PTSDS ^a | <ul style="list-style-type: none"> • 12.5 years post- | Prosecution without testimony | Hierarchical linear | There was no significant difference between testifiers and non-testifiers on any of the measures. |

| | | | | | |
|-------------------------|---|---------------------------------------|--|--------------------------|--|
| | DES ^a CBCL-YSR ^a YABCL ^b | conclusion of legal involvement | (121) Testified (53) Matched controls with no CSA history (41) | regression | Higher number of interviews at the time of the original legal case was associated with higher dissociative tendencies ($r[64]=0.27$, $p<0.05$) and internalising symptoms ($r[63]=0.25$, $p<0.05$) at follow-up. Age at the time of legal involvement was correlated with PTSD ($r=0.19$, $p<0.05$) and externalising behaviour ($r=-0.21$, $p<0.05$) at follow-up. |
| Connon et al. (2011) | CJSQ ^{ab} CBCL-YSR CFSEI ^a CBCL | •Post-conclusion of legal involvement | Not described. | Correlation | Negative perceptions of the impact of waiting for court and emotional and behavioural reactions to the legal system were significantly correlated with YSR, CFEI and CBCL scores. |
| Daignault et al. (2017) | CDI ^a RCMAS - worry/hypersensitivity subscale ^a CITES ^a SPPC ^a | •Post-conclusion of legal involvement | No legal involvement (40) Prosecution without testimony (67) Testified in court (39) | ANOVA and paired t-tests | Pre-therapy, there was no significant difference on all measures between those who did not engage with the legal system, those whose cases were prosecuted without testifying and those who testified. After therapy, testifiers showed a significant decrease in scores on the CDI ($p=0.014$), RCMAS ($p=0.000$), CITES-II ($p=0.000$) and SPPC ($p=0.008$). In children whose cases were prosecuted, there were significant decreases in scores on the CITES ($p=0.018$) and SPPC ($p=0.025$) post-therapy. For children who did not have any legal involvement, there was no significant difference on measures of psychological wellbeing between pre- and post-therapy. |

*CAS=Child Assessment Schedule; CBCL= Child Behavior Checklist; CBCL-TRF=Child Behavior Checklist - Teacher Report Form; CBCL-YSR=Child Behavior Checklist-Youth Self-Report Form; CDI=Children's Depression Inventory;DES=Dissociative Experiences Scale; CFSEI=Culture-Free Self-Esteem Inventory; CITES=Children's Impact of Traumatic Events Scale; PHCSCS=Piers-Harris Children's Self-Concept Scale; PTSDS=Post-traumatic Stress Diagnostic Scale; RCMAS= Revised Children's Manifest Anxiety Scale; CJSQ=Criminal Justice System Questionnaire; ISI=Intervention Stressor Inventory; SPPC=Self-Perception Profile for Children's Global Self-Worth Scale;TSCC=Trauma Symptom Checklist for Children; TSI=Trauma Symptom Inventory; YABCL=Young Adult Behavior Checklist

^aSelf-rated measure

^bInformant-rate

measure

Outcomes

Studies used a range of objective and subjective measures to assess the association between legal involvement and psychological functioning.

Behavioural Disturbance. Five studies used the informant-based Child Behavior Checklist (CBCL) and its upward extension, the Young Adult Behavior Checklist as a measure of behavioural disturbance. These were largely completed by non-offending caregivers and teachers. The CBCL-Youth Self-Report Form was also used in two studies. These measures include two primary scales of internalising and externalising behavioural difficulties (Achenbach & Rescorla, 2001).

Three studies found no association between legal involvement and behavioural disturbance. Oates and colleagues (1995) found no significant difference between those whose cases were prosecuted and those whose were not. Runyan and colleagues (1988) did not find differences in behavioural disturbance between those whose cases were prosecuted - including testifiers - and those whose were not. Quas and colleagues (2005) found no difference between testifiers and non-testifiers at 12.5-year follow-up. However, secondary analysis found positive correlations between age at the time of original trial and externalising behaviour and number of interviews and internalising behaviour.

Goodman and colleagues (1992) found higher degrees of behavioural disturbance in those who testified compared to non-testifiers 7-months after court, while cases were still ongoing. However, no differences were present at 3-month follow-up or final follow-up when cases had concluded. By the 7-

month follow-up, participants who testified may have been more likely to have taken the stand more than once compared to the 3-month follow-up.

Connon and colleagues (2011) found correlations between negative perceptions of aspects of the legal experience - for example, waiting for court and negative experiences with legal professionals - and greater behavioural disturbance.

Depression and Anxiety. Oates and colleagues (1995) found higher depression scores in those whose cases were prosecuted than those whose were not. Runyan and colleagues (1988) found no difference in depression rates between those whose cases were prosecuted and those whose were not. They did find those who testified had lower anxiety scores than non-testifiers. In this study testifiers all had their cases concluded, whilst non-testifiers included those whose case had concluded without requiring testimony and those whose cases were ongoing. In Daignault and colleagues (2017) study - where all participants had concluded their involvement with the legal system by intake - testifiers had lower rates of depression and anxiety following therapy, whereas non-testifiers and those whose cases were not prosecuted remained the same.

Self-Esteem. Oates and colleagues (1995) found no difference on measures of self-esteem between those whose cases were prosecuted and those whose were not. Daignault and colleagues (2017) found improved rates of self-esteem post-therapy for those whose cases were prosecuted - including testifiers -, but no improvement for participants for those without legal involvement. Connon and colleagues (2011) found an association between poorer self-esteem and negative perceptions of aspects of the legal system

e.g. experiences with the defence barrister and waiting for court. Negative perceptions of the judge correlated with higher self-esteem.

Trauma. Henry (1997) and Quas and colleagues (2005) found no difference in overall trauma symptoms between those who did and did not testify; however, an association between higher number of interviews and increased trauma symptoms was found. Daignault and colleagues (2017) found improved trauma symptoms for those whose cases were prosecuted, whereas those with no legal involvement showed no improvement.

Discussion

This review aimed to address a gap in the literature by systematically assessing research into the association between criminal legal involvement and subsequent psychological functioning for children who were sexually abused. It also aimed to examine whether specific aspects of legal involvement were associated with psychological functioning. Included studies examined a range of psychological domains, including behavioural disturbance, anxiety, depression, self-esteem and trauma

What is the Relationship Between Criminal Legal Involvement and Subsequent Psychological Functioning for Children Who Have Been Sexually Abused?

This review presents limited evidence that engagement in the legal process has an impact on children's psychological functioning. The methodological challenges inherent to this area of research contribute to difficulty in investigating the relationship as most studies were unable to examine psychological functioning prior to case prosecution. Studies where this information was available showed varying results. Oates and colleagues' (1995) findings that no differences existed in psychological functioning between those

whose cases were prosecuted and those whose were not may have been related to the moderate risk of bias the study was assessed as including. For instance, findings may have been influenced by limited sampling procedures and insufficient exploration of possible confounding variables, such as severity of abuse. These factors may have led the study to be underpowered to detect a difference between the groups or have failed to account for the possibility that the groups may have differed in the severity of the abuse they experienced. The latter may be of particular relevance as higher severity of abuse is known to be associated with poorer psychological functioning (Goodman et al., 1992).

For studies rated as having a low risk of bias, legal involvement was found to be associated with improved psychological functioning. However, in Runyan and colleagues study (1988) improvements in psychological functioning for testifiers may have been due to their cases being concluded by follow-up, whereas other participants either had cases ongoing or had not had their cases prosecuted. Daignault and colleagues' (2017) findings showed no pre-therapy differences in psychological functioning between those whose cases had been prosecuted and those whose had not. Participants whose cases had been prosecuted showed improvement in psychological functioning after therapy, whereas participants whose cases were not prosecuted remained the same. A possible explanation is that those whose cases were prosecuted felt more believed and supported by the system which increased their ability to benefit from therapy.

The heterogeneity of results perhaps reflects the complex relationship between legal involvement and psychological functioning, directing us to the importance of how the process is supported and perceived by victims. For instance, Daignault and colleagues (2017) found post-therapy improvement in

psychological functioning for participants who took part in the legal process when this was co-ordinated within a Child Advocacy Service. Such services offer an integrated assessment, investigation and treatment approach for CSA victims and there is evidence these are deemed more satisfactory for victims and families than traditional investigative approaches (Jones et al., 2007). Regardless of the supports in place, there is evidence to suggest children desire justice and tend to feel more negatively about the case if it is not prosecuted and if the defendant is acquitted or receives a lenient sentence (Goodman et al, 1992; Sas et al., 1991). Whilst the outcome of prosecutions was not reported in most studies, this is an important factor which may be associated with psychological functioning.

Interpretation in the current review should be tempered by the focus on procedural systemic factors in most of the included studies. For instance, the role of maternal support has been identified as a key factor in children's experience of legal involvement and was largely missing from analysis (Quas & Goodman, 2012). Additionally, the risk of bias rating indicates findings may have been influenced by methodological issues, particularly in the case of Oates and colleagues (1995) study. This in turn may limit the extent to which the findings presented here are able to fully address this review question. However, research does suggest that children desire involvement in the process, making it incumbent on the system to ensure they can have this safely (Mudaly & Goddard, 2006).

Are There Any Links Between Specific Legal Procedures and Subsequent Psychological Functioning for Children Who Have Been Sexually Abused?

Studies which examined the association between specific legal procedures and subsequent psychological functioning were rated as having a low risk of bias. The assessment of bias was therefore considered useful in establishing the reliability of the findings for this review question. These studies suggest a higher number of investigative interviews results in poorer psychological functioning (Henry, 1997). Quas and colleagues (2005) also demonstrated the number of interviews can influence whether children later find testifying helpful or harmful. These findings may overlay Finkelhor and Browne's (1985) traumagenic theory by suggesting repeated questioning about severe abuse can re-traumatise witnesses. Alternatively, they could signify that higher distress necessitates interviews being stopped, consequently resulting in more interviews required to gather evidence.

Findings on the relationship between testifying and psychological functioning were mixed and indicated there may be some initial distress which is short-lived (Goodman et al., 1992). In studies which demonstrated a positive association between testifying and better psychological functioning (Runyan et al., 1988; Daignault et al., 2017), participants' cases had all concluded. The outcome of cases was not known; however, it may be that improvement in psychological functioning was due to cases being concluded as opposed to having testified.

Quas and colleagues (2005) found that older age at the time of testifying is associated with greater disturbance later. This is interesting in the context of findings that early - rather than later - traumas can have a more detrimental effect for children (Keiley, Howe, Dodge, Bates, & Pettit, 2001). Findings could

thus be due to the impact of delayed disclosure of early abuse and reflect the fact that older children are more likely to receive harsher questioning and have their credibility undermined (Bottoms & Goodman, 1994). A further study also found that children described their initial involvement with the legal system as lacking respect and sensitivity and that ground rules for cross-examination were inconsistently implemented (Beckett & Warrington, 2015). When combined with Cannon and colleagues (2011) findings, perception of legal experiences is highlighted as a possible mediating factor for later psychological functioning. Such perceptions may be influenced by developmental, systemic and procedural factors.

Strengths and Limitations

A strength of this review is the systematic search undertaken and quality-measure inclusion criteria applied. This was a useful follow-up to the review by Goodman and Quas (2012) which provided an opportunity to assess the strength of the research, as well as key findings. It also identified international studies which contribute to the knowledge base. The risk of bias assessment carried out was useful in assessing the appropriate confidence to apply to findings discussed and therefore the extent to which each of the review questions could be addressed. The co-rating of papers in the risk of bias assessment strengthened the reliability of these findings.

A limitation is that study selection and data extraction were completed by a single reviewer which increases the possibility findings were missed. Measures were taken to minimise this, including developing the search protocol with a librarian, making iterative amendments to the data extraction tool and applying this during a minimum of two searches per paper. Although eligibility criteria

were designed to establish a minimum quality for included studies, there may be key studies which were not included. Of note, research by Sas and colleagues (1991) is often referenced within the literature but was not included due to its lack of peer review.

The review also combined findings from different legal settings across a large timespan, therefore legal policies may have changed and vary between countries. Additionally, variability between jurisdictions within countries with overall adversarial legal systems may result in significantly different legal experiences for child witnesses. However, this factor was not examined during this review as most studies did not report on the details of practice within the jurisdictions from which samples were recruited. All studies took place within adversarial legal systems, which involve the presentation of evidence by two opposing sides before an independent adjudicator, and therefore may necessitate the cross-examination of child witnesses. As such, the findings cannot be generalised to child witnesses whose cases are prosecuted within inquisitorial legal systems, which have an investigatory approach and do not require evidence to be examined in this way (van Koppen & Penrod, 2003).

Furthermore, the findings may have been influenced by potential confounding factors, examination of which was beyond the scope of this review. For instance, Quas and colleagues' (2005) findings indicated that age at the time of trial may influence child witnesses' psychological functioning years after giving testimony. Secondary analysis of their data also indicated more severe abuse may be associated with poorer psychological functioning for child witnesses who testified. Finally, the predominately-female samples may mean findings were influenced by particular gender-related factors, such as a higher prevalence of

CSA and increased vulnerability for trauma responses amongst females (Walker, Carey, Mohr, Stein & Seedat, 2004).

Recommendations

Findings indicate that supportive factors surrounding legal involvement may be as important for psychological functioning as categorical experiences themselves. Furthermore, when children are not given the opportunity to participate in the legal process - through providing testimony or involvement in decision-making - they perceive it to be more unfair, strengthening the position that measures supporting their involvement should be pursued (Quas & Goodman, 2012). As such, credence is given for the proposed move towards pre-recording evidence of children and vulnerable witnesses in the Scottish legal system set out in the Vulnerable Witnesses (*Criminal Evidence*) (Scotland) Bill (2018), which offers participation without some of the adverse aspects of the court environment. Whether this goes far enough to support child witnesses remains to be seen, although the proposed changes fall short of the level of support and integration found in this review to be associated with improved psychological functioning. Such supports, in keeping with the Barnehus and Child Advocacy Centre models, reduce the number of interviews required and ensure that psychological intervention is available for those who may benefit from it post-legal involvement. Timely research of the impact of the proposed changes is therefore recommended. The findings provide further evidence for the need to implement supports already enshrined in law and policy and increase choice and participation for young victims of CSA.

Furthermore, Connon and colleagues (2001) present a promising tool to understand children and parents' perceptions of the Irish legal system. If

further validation of the Criminal Justice System Questionnaire is established, a next step may be to adapt and validate this for international studies. This would assist the comparability of findings across different legal settings. The tool may also then be used to identify particular aspects of the legal system which child victims view negatively, providing an opportunity to target changes in these areas.

Qualitative research is also needed to establish what aspects of involvement are important and lead to distress. With a small number of exceptions, few studies have placed children's voices at the centre of research, perhaps reflecting some problematic features of the legal system itself (Beckett & Warrington, 2015).

Conclusion

This review demonstrates the current international understanding of the psychological impact of criminal legal involvement for child victims of sexual abuse. There is limited evidence from this review that overall legal involvement may be associated with improved psychological functioning. Repeated interviews and testifying may be associated with poorer functioning, however effects may be short-lived. Due to the low number of studies across different legal settings, cautious interpretation is recommended. However, they suggest that involvement can be both helpful and harmful, and may be mediated by developmental, procedural and systemic factors.

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Chapter 2: Major Research Project

“I Deserved Better Than That” - Survivors’ Decision-Making Around Legal Disclosure of Historic Childhood Sexual Abuse: An Interpretative Phenomenological Analysis

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Plain English Summary

Background

Child sexual abuse (CSA) is a common crime which many survivors don't tell anyone about until they become adults (Alaggia, Collin-Vézina & Lateef, 2017). Even fewer survivors go to the police about what happened to them (Hester & Lilley (2016). There is a lack of research asking adult CSA survivors about what influences their decisions around engaging with the legal system. It is important for us to understand this so we can make positive changes to the legal system and help more survivors feel able to come forward.

Aim

To explore the experience of decision-making about engaging with the legal system from adult CSA survivors' points of view.

Methods

Participants. CSA survivors who attended trauma services in NHS Greater Glasgow and Clyde, NHS Lanarkshire and NHS Lothian.

Who Was Included?

People who:

1. reported experiencing CSA to their therapist.
2. were currently seeing a therapist regularly.
3. were fluent in English.

4. were considered by a trained therapist to be psychologically ready to discuss the topics in the interview.

Who Was Not Included?

People who:

1. could not give their consent to take part.
2. had significant memory problems.
3. were abused outside of the UK.

Recruitment. Therapists asked people who met these criteria whether they were interested in taking part in the study. If they were, they were given an information sheet to help them decide. Those who decided to take part were contacted by the researcher to arrange the interview. The interview took place where the participant attended therapy.

Design of study. Qualitative analysis was used to identify themes in what people said about the topic.

Data collection. Semi-structured interviews were used.

Main Findings and Conclusions

Participants described a number of things affecting their decisions. These were summarised into 2 main themes: 1) awareness of and preparedness for what the legal system involves and 2) weighing up

the value of disclosure. They talked about personal reasons, relationships and parts of the legal and support systems which made their decisions about the legal process easier or harder.

These findings can help people working with CSA survivors, including within the legal system, to support them to report the abuse and cope with the legal process.

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Abstract

Background

Child sexual abuse (CSA) is a prevalent crime which often leads to lifelong consequences for survivors, although has low rates of prosecution. Research on CSA disclosure in general suggests survivors may decide not to engage with the criminal justice process through 'legal disclosure' for various interpersonal, intrapersonal and systemic reasons. However, little research exists regarding legal disclosure. To support CSA survivors to access justice, it is necessary to understand the factors which influence their decisions around engaging with the legal system.

Objective

To qualitatively explore the lived experience of decision-making around engagement with the legal system for adult survivors of CSA. Specifically, their perceptions of barriers and facilitators to engagement.

Participants and Settings

Clinicians in 3 NHS Scotland Psychological Trauma Services identified clients meeting study criteria. 7 participants took part in individual semi-structured interviews.

Results

Interpretative phenomenological analysis was used. Two main themes were developed during analysis: 1) awareness of and preparedness for what the legal system involves and 2) weighing up the value of disclosure. Barriers and facilitators to engagement are discussed.

Conclusions

This study found that, similarly to informal disclosure, various barriers and facilitators exist to legal disclosure. Legal disclosure may require a distinct foundation of supportive factors due to the formal investigative process which can follow. The findings can assist clinicians, police and legal professionals working with CSA survivors to promote support and engagement around legal disclosure.

Key words: child sexual abuse, adults, disclosure, criminal justice, qualitative

Introduction

Child sexual abuse (CSA) is a more common experience than previously considered. In the UK, around 1 in 20 children are affected (Radford et al., 2011) and people often delay disclosure into adulthood (Alaggia, Collin-Vézina & Lateef, 2017). Our understanding of disclosure is further complicated when considering the distinction between informal disclosure - to friends and family - and legal disclosure with intention to engage with the process of criminal prosecution. The decision to informally disclose is thought to be influenced by several factors encompassing psychological, interpersonal and systemic domains which may be complicated by the impact of the abuse experience (Tener & Murphy, 2014). Whilst not all adult survivors of CSA are adversely affected by their early experiences, a significant number of users of mental health services disclose a history of CSA. For instance, 53% of patients in a study by Mansfield, Meehan, Forward and Richardson-Clarke (2017) reported experiencing CSA and several studies - summarised in a review by Maniglio (2009) - have shown a significant association between CSA and various adult psychiatric diagnoses. The often lifelong impact of early trauma is made stark by such research with clear implications for how survivors relate interpersonally, intra-personally and with organisations and systems.

Comparatively, little is known about decision-making around legal disclosure. This distinction is important as, whilst informal disclosure may be required for successfully accessing interpersonal supports, legal disclosure may offer protection for survivors and other potential victims and prevent further offences through the successful prosecution of perpetrators. However, factors such as formal investigations, evidentiary requirements and adversarial trials may additionally influence decisions around legal disclosure. In fact, research

suggests the crime is largely under-reported to the judicial system (London, Bruck, Ceci & Shuman, 2005; Scottish Government, 2017), and when reported attrition rates of up to 81% have been found (Gallagher, 1999). Amidst a paucity of research into how survivors consider legal disclosure, a recent study by Morrison (2016) with clinicians who work with adult CSA survivors suggests reporting is rare amongst their clients. They indicated that the legal process is viewed by survivors as harmful and intimidating.

For many adult victims of sexual crimes who do choose to legally disclose, involvement is described as humiliating and degrading with some describing the experience as worse than the rape itself (Campbell, 2008; Crown Office and Procurator Fiscal Service [COPFS], 2017). Within the Scottish system, it has been recognised that the legal process can mimic the abuse by leaving survivors undermined by cross-examination, disempowered by processes which exclude them from decisions about the progression of prosecution and alienated by unfamiliar language and procedures (Thomson, 2017; Scottish Court Service [SCS], 2015). Such experiences may trigger feelings and memories associated with the original trauma, leading to re-traumatisation (Herman, 2003). This has led to a number of proposals by professionals aligned to the legal system as to how the experience of survivors in the prosecution of the crime might be improved. Such proposals have included increased access to adaptations for giving statements and testimony and the provision of information and support for survivors through specialist victims services (SCS, 2015; Scottish Courts and Tribunals Service, 2016; Thomson, 2017). The newly introduced Vulnerable Witnesses (*Criminal Evidence*) (Scotland) Bill (2018) proposes an extension to these provisions by introducing the pre-recording of evidence from vulnerable witnesses. Whilst such adaptations demonstrate a commitment to improving

survivors' legal experiences, there remains concern about whether they are ubiquitously applied and sufficient to address the challenges survivors face (COPFS, 2017). In summary, the numerous barriers CSA survivors must overcome to make an informal disclosure may be compounded by additional stressors inherent to the current legal system. These barriers are reflected in the low rates of reporting and subsequent prosecution. It is therefore imperative to develop an understanding of survivors' beliefs and experiences around disclosing to and engaging with the legal system. The current study builds on the findings of Morrison (2016) by qualitatively examining adult CSA survivors' perspectives on engagement with the legal system.

Aims

This study aims to explore the lived experience of decision-making around engagement with the legal system for adult CSA survivors. Specifically, perceptions of barriers and facilitators to engagement are examined. The overarching research question for the study is:

How do adult CSA survivors describe and make sense of decision-making around legal disclosure and experiences of engaging with the legal system?

Methods

Design

This study employed a qualitative design, using interpretative phenomenological analysis (IPA) of one-to-one interviews with adult CSA survivors. IPA was chosen due to its inductive, embedded and idiographic stance. This makes it well-suited to the exploration of decision-making around engagement with the legal system - a complex, deeply personal phenomenon - as it prioritises the perspective of individual participants. The approach has both phenomenological

and hermeneutic epistemological underpinnings which allow for an understanding of how individuals understand and make sense of their experiences and how the researcher in turn makes sense of the account they give (Smith, Flowers & Larkin, 2009).

Ethical Approval

Prior to recruitment, ethical approval for the study was obtained from the West of Scotland Research Ethics Committee and NHS Greater Glasgow and Clyde, NHS Lanarkshire and NHS Lothian Research and Development Departments (Appendices 4 and 5).

Sampling and Recruitment Procedure

Participants were recruited from three NHS Psychological Trauma Services in Central Scotland between January and April 2018. These sites were selected as they routinely see people with CSA histories.

Prior to recruitment, the researcher contacted services to provide information about the study, its eligibility criteria and recruitment procedures. Services were provided with research packs, including written summaries clinicians could use to guide discussions with prospective participants (Appendix 6). The following eligibility criteria were used:

Inclusion criteria:

1. Have made a clinical disclosure of CSA which was perpetrated within a community setting.
2. Are on the active caseload of a clinician with whom they receive regular contact
3. Fluent in English.

4. Considered by a trained clinician to be suitably robust and psychologically ready to discuss the topics contained in the interview.

Exclusion criteria:

1. Lack capacity to consent.
2. Have a significant cognitive impairment.
3. Abuse was perpetrated outside UK jurisdiction.

Clinicians identified individuals who met eligibility criteria from their active caseload. Each service was asked to sequence recruitment so that no more than three individuals at any one location were approached initially. This was to fulfil the desired sample size and ensure all those who wished to take part had the opportunity to do so.

Recruitment discussions took place during routine appointments with individuals attending for therapy. Interested individuals were given the participant information sheet to take away and consider (Appendix 7). If they did not feel comfortable taking this away, they could also access a web page with the same information and their clinician offered to keep the paper copy at the service base. At their next appointment, clinicians asked whether they wished to take part. If they indicated yes, verbal consent was given for the clinician to contact the researcher and agree a time for the interview. This was scheduled for a time when the participant would be routinely attending for an appointment. If individuals wished to discuss the study further, the researcher or an independent source could be contacted using details provided on the participant information sheet.

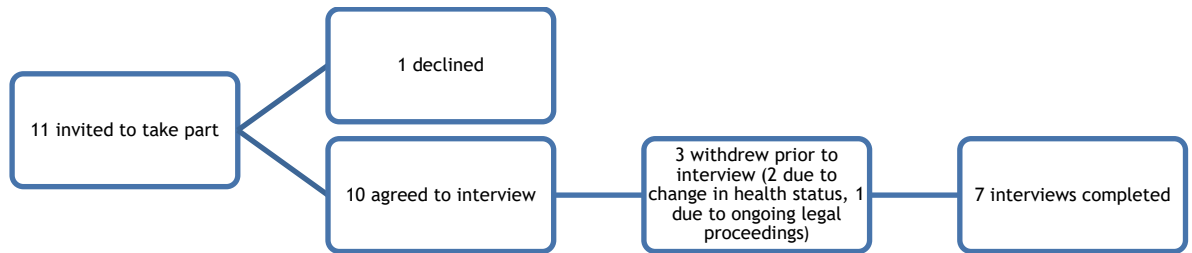


Figure 1. Recruitment Flow Chart

The final sample of seven participants was in keeping with the recommended sample size of between four and ten for professional doctorates using IPA (Smith et al., 2009). This allowed for sufficient depth of exploration across the breadth of rich data each individual provided. See Table 1 for participant information.

Table 1. Participant Information

| <u>Pseudonym</u> | <u>Age</u> | <u>Gender</u> | <u>Scottish Region</u> | <u>Legally disclosed?</u> |
|------------------|------------|---------------|------------------------|---------------------------|
| Shona | 42 | F | West | Yes |
| Erin | 41 | F | Central | Yes |
| Nadine | 49 | F | West | No |
| Valerie | 36 | F | West | Yes |
| Jess | 28 | F | Central | No |
| Melissa | 51 | F | Central | Yes |
| Joe | 46 | M | East | Yes |

Interview Procedure

Interviews took place at the location participants attended for therapy to increase familiarity and safety. Participants were allocated time with their clinician at the end of the interview to remediate any impact of the content discussed.

Interviews were facilitated by a semi-structured topic guide (Appendix 8), however participants were encouraged to speak broadly about factors they felt

were important to the research question. The initial topic guide was devised by the researcher in line with the research question and revised through written and verbal feedback from specialist clinicians working in the field and someone with lived experience of CSA. One participant elected to view the questions in advance of the interview. Interviews were recorded using a Dictaphone, with participants' consent, to allow for verbatim transcription.

Data Analysis

Analysis followed the six stage guidance for IPA set out by Smith and colleagues (2009). Immersion in the data was initially undertaken through interview transcription and repeated readings of verbatim transcripts. Initial noting was then undertaken by hand through line-by-line coding of the first participant's transcript, noted in the right margin. These codes contributed to emergent themes, noted in the left margin. Themes were then examined to establish connections between them, leading to the development of superordinate and subordinate themes for the case. Evidence for each theme was simultaneously recorded. This process was repeated for each case before a final comparison of themes across cases was conducted, resulting in the master table of participant themes outlined in the results section.

Researcher Reflexivity

The researcher's role in the analytic process is acknowledged by IPA's hermeneutic underpinning (Smith et al., 2009). As a trainee clinical psychologist with an understanding of the psychological impact of CSA, the researcher was aware of how professional and personal experiences may impact the facilitation and interpretation of interviews. The researcher had prior experience of working within adult mental health services with clients who made an informal

disclosure of CSA. Additionally, the researcher undertook a systematic review of research into the psychological impact of legal involvement for child sexual abuse victims. The review was delayed until after the analysis stage of this study to minimise the opportunity for this to influence the analytic process. The “bracketing off” of prior knowledge and experience was assisted by use of a reflective log (Smith et al., 2009). This was helpful in assisting the researcher with the primary tasks of IPA, those being to stay grounded in the participant’s perspective whilst recognising the impact of prior knowledge and experience on analysis. Reflexivity, bias and validity were explored during meetings with research supervisors to increase transparency and trustworthiness of results. The primary supervisor had significant experience and expertise within the field of research and the second supervisor contributed expertise in the IPA methodology. The possible influence of supervisors’ backgrounds on the analysis process was considered through discussion and by use of the reflective log.

Additionally, the research supervisors independently identified emergent themes in a sample of data to check the credibility of the analysis. Convergence on the identified themes was found despite the diversity in experience and expertise amongst the researcher and supervisors.

Results

Two superordinate themes and six subordinate themes were identified (see Figure 2). A table of themes for each participant can be found in Appendix 9.

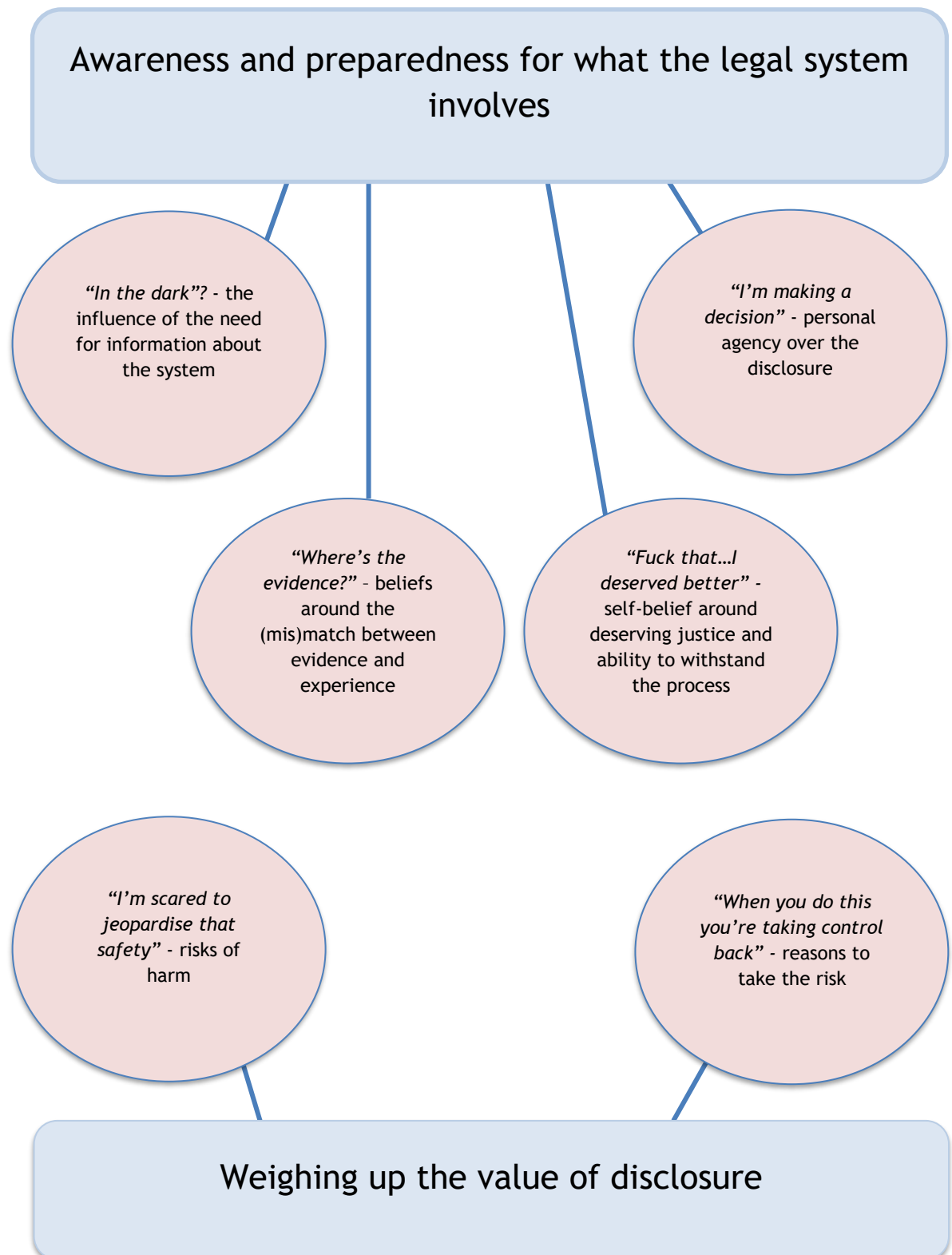


Figure 2. Superordinate and Subordinate Themes.

Awareness and Preparedness for What the Legal System Involves

The first superordinate theme outlines participants' expectations of what the legal system involves and their sense of preparedness to engage with it. Four subordinate themes were identified: 'the influence of the need for information about the system', 'beliefs around the (mis)match between evidence and experience', 'self-belief around deserving justice and ability to withstand the process' and 'personal agency over the disclosure'.

“In the dark” - the influence of the need for information about the system. Participants identified the role of information about what the legal system entails as significant in their decisions around engagement.

For Nadine, the complete absence of information is conveyed as a barrier to her conceptualising how the process will unfold.

“I, I don’t really know a lot about the process of how, how it comes about....I’m, like, totally in the dark about it all.”

-Nadine (lines 129-133)

The imagery of her being in the dark highlights this uncertainty and points to a vulnerability associated with feeling uninformed.

In contrast, having an informed source linked to the legal system was described as an important factor for facilitating engagement.

“...it was really daunting up until they [the police] came out and spoke to us about the process. After that it was less daunting.” - Valerie (lines 543-544)

“...they go through court with you - Rape Crisis - and they tell you what’s going to happen, when it’ll happen....so it won’t be like a shock” - Shona (lines 113-118)

Valerie and Shona’s perspectives demonstrate how the provision of information can increase the predictability of the process. This can be seen as mitigating some of the perceived risk and vulnerability the legal system presents.

For others, the possession of information about the system was in itself a barrier to engagement.

“I’ve done my research and had a look and seen. Even having a look at NAPAC [National Association for People Abused in Childhood], there’s a guide...from reporting to courts and things and just the way everything is set out is just awful. And I think it can make people worse than they start off.” - Jess (lines 10-13)

For Jess, information about other survivors’ legal experiences has set the expectation that the system can be damaging. The acquisition of this information is framed as reliant on Jess being active and seeking, sitting in contrast with Valerie and Shona’s descriptions of being recipients of information conveyed by intermediaries to the legal process.

“Where’s the evidence?” - beliefs around the (mis)match between evidence and experience. When it came to communicating with the legal system about the abuse they experienced, participants conveyed their

concern that the evidence they could provide would not be sufficient for legal requirements.

Some highlighted how the nature and impact of the trauma experience itself can serve as a barrier to communicating with the legal system.

“...how do you portray that to somebody when you’ve got blocks and think well “I can remember the smell of this, I can remember the smell of that, no I can’t remember this”...it’s difficult to try and put that into words for somebody who hasn’t seen that side, to then not question it.” - Jess (lines 116-122)

Jess’ description demonstrates the difficulty of accessing memories of the abuse and her concerns about how to translate her experience into what the legal system views as reliable evidence. She conveys an inherent sense of otherness from those within the legal system who would seem not to understand the impact of trauma and therefore interrogate her account.

Joe highlights the dilemma of how to report historic abuse in the absence of physical evidence.

“...if something like...you hurt your leg, and a couple of days later you can still see the scar, you put a plaster on and you can still see it. But if you cut your leg 20 years ago and there’s no scar, where’s the evidence?” - Joe (lines 393-401)

These accounts highlight the ways in which the internal scars of abuse can feel mismatched with expectations of the legal system.

However, participants also described a broadening of their understanding of the requirements for prosecution.

Shona explains how visibility of the prosecution of historical abuse cases in the media facilitated her disclosure by presenting the legal system as competent to hold such crimes to account.

“...seeing, like, all the historical cases...there was ones going back even longer than mine...And these people were getting found guilty. And I was like “well there can’t be any evidence for that one or any of those ones”. I thought “do you know what, I’m going to just give this a wee pop...just try my best to get the answers I want.”” - Shona (lines 475-481)

Her description conveys how this visibility challenged her views of evidentiary requirements, facilitating the idea of legal disclosure. At the same time, the nature of these requirements remained obscure.

For Valerie, discussion with the police was helpful in making explicit how her disclosure fit with the legal requirements.

“...obviously with childhood sexual abuse there’s no hard evidence...so they [the police] actually explained to us it’s corroboration.” - Valerie (lines 489-491)

Whilst her account conveys an understanding of the evidentiary requirements, the description of “hard” evidence - which conjures to mind that which is solid and dependable - could be seen to situate her perception of corroboration as weaker in stature by comparison.

Implicit in all of these accounts is a suggestion of deficiency of evidence for historic CSA, characterised as questionable and lacking substance. This in turn suggests survivors question whether their experiences fit with what they traditionally consider in terms of evidentiary requirements, perhaps resonating with an underlying fear of not being believed by the legal system.

“Fuck that...I deserved better” - self-belief around deserving justice and ability to withstand the process. Participants described how self-belief - constituting self-worth and belief in their strength to withstand the process - was an important aspect of what they considered was necessary for engagement with the legal system.

Many participants who made a legal disclosure described a burgeoning and internal sense of self-worth which grew in response to a range of experiences in their lives.

“...you go through a process sort of blanking things out, denying everything... different levels of abusing yourself... and then you stop and you go, “oh ok”, you go to the counselling, you get the referral, you get help and I think you just, there’s a certain point in your mind when you stop and say “I’ve had enough of being a victim.”” -Joe (lines 199-206)

“...the things that were in my life, that were nurturing me and getting a little bit of sense of self-worth during that sort of made me start to, eh, think about broaching...that sort of area [legal disclosure]...” - Melissa (lines 38-41)

Joe and Melissa present legal disclosure as unfurling from a foundation of previous experience, perhaps suggesting engagement with the legal system was made accessible because of the journey they had been on. Joe's description represents legal disclosure as a rejection of his past victimisation.

Erin demonstrates how integral supportive relationships can be in finding this self-worth.

“...a lot of my decision to disclose was me getting myself...out of the unconscious programming that I'd picked up in those years [during the abuse]...I had come to believe that I was on my own and that I couldn't count on anyone to have my back...And I suppose what [friend's name] helped me see was that, fuck that. You know, that I deserved better than that.” - Erin (lines 478-484)

Here, Erin represents this realisation of self-worth as like a shattering of the negative beliefs she saw as implicitly instilled by the abuse and responses to it. Her friend is described as a key facilitator in this through the novel perspective she was able to offer. Erin also highlights the integral role of having an ally in supporting her engagement with the legal system.

These participants demonstrate how recognition of their value served as a conduit to perceiving themselves as deserving of justice for their past experiences.

Participants described how, in addition to their sense of self-worth, they also had to consider their beliefs around whether they had strength to cope with the legal system.

“...when you realise you’ve got the support of, like, your family, psychiatrists, psychologists, whatever, em, you actual realise “I can do this”....Like “I’m strong enough now, I’m not a child anymore.””- Shona (lines 232-236)

I don’t know how I could possibly ever manage all the different steps in it without...giving up and going “that’s too much” and ending up in hospital. I don’t see me being able to get through to the other end of it...” - Jess (lines 164-167)

Shona and Jess’ descriptions contrast one another in terms of their perceived sense of strength. For Shona, the realisation that she had support to approach the legal system seems to have bolstered her feeling of strength. She also highlights the novelty of this strong and supported position which departs from the isolated and trapped state she felt placed in as a child during the abuse. Jess, however, situates herself as being unable to endure the process which she conveys as overwhelming and containing numerous obstacles. Juxtaposed with the bolstering support Shona describes, Jess conveys an expectation of facing the journey through the process alone, which may undermine her sense of strength to approach the legal system.

“I’m making a decision” - personal agency over the disclosure. Choice and agency over when to communicate the disclosure was highlighted as an important aspect of engagement with the legal system.

Melissa conveys how legal disclosure represented a pivotal moment in her life.

“...I suddenly was feeling and being aware...I’m making a decision about the rest of my life.” - Melissa (lines 649-651)

Her description portrays a sense of being on a precipice where the decision could change the course of her life. With this account, Melissa reveals how monumental she perceives legal disclosure to be. To reach a decision, Melissa may have been required to consider the value of disclosure and her readiness to engage in the legal system as it stood at that moment in time.

When faced with this monumental decision, the degree of agency experienced was highlighted to be an important aspect of the process.

For Shona, the significance of taking disclosure at her own pace, resisting the persuasions of family and professionals was integral to her decision to disclose.

“...it’s always got to be yourself who thinks “this is it, I can do this.” Because if you’re going by what other people are saying you’re forcing yourself and...people that have been abused have been forced enough in their life. So they’ve got to take everything at their own speed. They’ve got to make sure that everything is right for them” - Shona (lines 527-532)

Here, Shona communicates how the timing of disclosure can be an important moment of empowerment and recognises it as a chance to remediate the force exerted during the abuse.

In contrast, Valerie's legal disclosure came at the insistence of her mum, who was described as feeling strongly that she deserved justice for the abuse.

"In a way...I'm annoyed with my mum for making us do it. Although it was the right thing to do obviously. Nobody has really acknowledged the impact that it's had on us to be honest." - Valerie (lines 865-868)

In her description, Valerie clearly conveys her distress at having undertaken the process at the behest of others, whilst acknowledging legal disclosure as the "right thing to do". This reflects Shona's description of the primacy of the survivor having ownership over the disclosure, by conveying how being disempowered in this decision may have had more emotional saliency than the perceived morality of the act. Her sense that the impact was not acknowledged may inadvertently mirror the way her abuse was similarly suppressed by herself and others.

Weighing Up the Value of Disclosure

The second superordinate theme brings together participants' perspectives on whether engagement with the legal system meets the needs they hold to be important. Two subordinate themes emerged from this: 'risks of harm' and 'reasons to take the risk'.

"I'm scared to jeopardise that safety" - risks of harm. Within the interviews, decisions around legal disclosure were bound together with perceptions of what the risks associated with the act might be.

For several participants, the legacy of fear experienced as a child during the abuse remained inherent and linked to ongoing concerns for their emotional and physical safety.

“...the thought process of going through that [legal disclosure], I was aware of an intense feeling of fear overcoming me. Fear of him, fear of my..., probably the same fear as I’d felt as a child...because I was thinking about this. And...I decided I didn’t want to do it.” - Melissa (lines 55-60)

“I’ve got a safe home now. I’ve no connections, nobody can get at me, I’m safe. It’s taken a long time to get there and I’m scared to jeopardise that safety.” - Jess (lines 232-234)

Melissa and Jess highlight the primacy of their need for safety and their perception that legal disclosure would increase their vulnerability to harm.

Loss of family relationships was a further perceived risk of engagement with the legal system. A central concern for Nadine was how legal disclosure might jeopardise these important relationships for her.

“...I’m in this big, deep black hole that I can’t get out of...[the thought of] losing relationships with nieces and nephews and great-nephews and (sigh) it’s just everything...” - Nadine (lines 134-137)

Here, Nadine's use of imagery conveys a sense of isolation linked to her felt inability to disclose and the totality of the loss she feels vulnerable to experiencing if she does disclose.

The anticipated harm legal disclosure may cause was described by some as explosive.

"...it's going to be worse than twenty grenades getting the pins wheeled out, thrown and kaboom! And I'm going to be right in the middle of all that." -Nadine (lines 116-118)

"I knew that putting this out there was going to blow us all apart again and I didn't know if the family would be strong enough..." -Valerie (lines 377-399)

These accounts convey a vivid image of the obliterating impact participants felt they needed to be braced for to make a disclosure. For Nadine, who elected not to disclose now, this decision may reflect her attempts to retain control and reduce the possibility of harm. Valerie also reveals how her felt responsibility for family functioning influenced her thinking around disclosure.

In childhood, Erin perceived her family's response to her revelation of the abuse as communicating a responsibility she bore for keeping the family together. Erin conveys how she had to confront a painful truth about the circumstances of the abuse. This confrontation appears to have facilitated a change in perspective and rejection of responsibility for the impact, including potential harm, disclosure might have for others.

"...it wasn't my responsibility to make things ok for everybody else. That if, you know, the abuse took place

*because the people I loved and trusted most in the world
let me down.” - Erin (lines 443-446)*

These accounts could be seen to demonstrate the self-reliance participants feel for protecting safety and minimising risk.

“When you do this you’re taking control back” - reasons to take the risk.

Whilst participants describe perceived risks of engagement with the legal system, they also described hopes about what this could offer which served as possible reasons to take the risk.

For Erin, legal disclosure was not pursued for many years due to the harm she anticipated it would cause for her and her family. She describes how, after disclosing to a friend, her perspective changed.

*“...bringing my abuser to justice felt [previously] like
something that would do me more harm than actually
righting wrongs....my decision later on to actually disclose
was far more about me trying to find closure and put
things behind me...” - Erin (lines 80-82)*

Here, she reveals a significant shift in her beliefs about disclosure. On approaching the legal system, she acknowledged that having her abuser charged could offer something positive. In this sense, she conveys an important role of legal disclosure being the opportunity to take ownership over the abuse experience and her life going forward.

Shona describes how the police response to her disclosure did much to mitigate the vulnerability she previously experienced.

“...even before I contacted the police, it was always like you were looking over your shoulder and all that to see if there’s somebody about...but with knowing they’re on my side and they’re never going to, like, ignore a call, it does make you feel safe.” - Shona (lines 74-78)

Shona’s description demonstrates how the legacy of the abuse has marked itself by hypervigilance in her life. She also conveys a sense of security and responsiveness from the police. As such, Shona indicates how engagement with the legal system provided access to a level of safety otherwise inaccessible to her, connecting her with allies in the process. Disclosure could therefore be considered to necessitate a departure from self-reliance for safety and move towards a willingness to trust others and perceive the safety they can offer as being worth the risk.

She also describes how legal disclosure offered a way to take back control from her abuser.

“You just feel like “do you know what, I can do this. You don’t control me now.” Cause with people like that it’s always about control and when you do this you’re taking control back.” - Shona (lines 257-260)

Here, she acknowledges how central she perceives control to have been in the power her abuser had. Her description of this control being absent now, and her agency in taking control back through disclosure, demonstrates the empowering function engagement with the legal system served for her. It also seems to reflect the strength she feels she has to seize back control.

The empowerment disclosure can offer was perceived by some participants to embolden their search for accountability.

Joe illustrates how the legal system served as a platform through which to demand accountability from his abuser.

“it had always been at the back of my mind that I wanted justice. I wanted - I want him to answer.” - Joe (lines 194-195)

However, participants varied to the extent they felt this accountability could be offered. Jess expressed her concern that the legal system may fail to hold her abuser to account and offer restitution fitting the crime.

“...nobody’s ever in jail for as long as they need to be...Nothing’s bad enough.” - Jess (lines 368-370)

Here, Jess reveals her sense of the disparity between the impact of the abuse on her life and the punishment her abusers may receive. Her description reveals how the perceived acceptability of the benefits disclosure can offer plays an important role when weighing up the value of disclosure.

Discussion

This study aimed to explore the lived experience of decision-making around engagement with the legal system for adult CSA survivors, and their perceptions of barriers and facilitators to engagement. Two main themes emerged from the analysis: ‘awareness of and preparedness for what the legal system involves’ and ‘weighing up the value of disclosure’.

Key Findings

The findings indicate that decision-making around legal disclosure is a complex, multi-faceted process. Participants described how their awareness and preparedness for what the legal system involves significantly influenced decision-making around disclosure. Information and perceptions about what the system involved and how experiences linked with evidentiary requirements were important factors. Receiving helpful information about what to expect from the system, including a broader understanding of the role of corroborative evidence, were identified as facilitators to engagement. This perception of corroborative evidence perhaps indicates survivors' increased confidence in their ability to meet the legal requirements when this does not depend solely on their own account.

Lacking information or having negative information about others' legal experiences, alongside concerns about their ability to convey the abuse to the legal system, served as barriers for some participants. Worry around the latter resonated with concerns around being believed by the legal system, reflecting the fear of not being believed identified as a factor in informal disclosure (Tener & Murphy, 2014). The difficulty described by some around articulating the abuse mirrors the growing understanding of complex post-traumatic symptoms, which include problems processing trauma memories and difficulties in emotional and interpersonal functioning (Cloitre et al., 2009). For some CSA survivors this may result in difficulty providing a consistent and full description of the abuse experience during evidence. In the context of a legal system which is governed by strict rules about admissibility and quality of evidence, this may be perceived to undermine survivors' credibility (Thomson, 2017; Ellison, 2005).

The information participants had about the legal system intertwined with perceptions of deservedness of justice and strength to withstand what they anticipated the process would be like. Such findings relate to research on how trauma can engender shame and guilt, resulting in feelings of low self-worth, inadequacy and powerlessness (Wilson, Droždek & Turkovic, 2013). Participants' accounts therefore represent how engagement with the legal system depends on growth away from these perspectives, 'nourished' by internal and external supportive factors. This echoes the findings of Hartley, Johnco, Hofmeyr and Berry (2016) who suggest post-traumatic growth following CSA involves making sense of the abuse, relating to the self in a new way and experiencing growth through relationships with others. In addition to these factors, the current study suggests that the legal system must also be perceived to support the needs of this growth perspective to engender engagement.

With information and personal preparedness considered, participants highlighted the importance of choice and agency over the decision to disclose. They conveyed how this decision involved weighing up the risks, and reasons for taking them. Risks, including fear of the abuser and impacting relationships, were described as barriers. These concerns are borne out by research which suggests informal disclosures to family are often met by attempts to encourage survivors to minimise or ignore past abuse (Tener & Murphy, 2014).

Despite the numerous barriers survivors face, participants described the potential role of the legal system in addressing the injustice of their abuse. Perceptions of their own deservedness of justice, outlined as a factor in preparedness for engagement, could be seen to overlap with participants' views of disclosure as an opportunity to take back control over their lives and demand

accountability from the abuser. The important roles of supportive relationships and the development of trust with legal professionals were also highlighted. These relate to broader findings of the role of trust in recovery (Herman, 1992), which may facilitate legal disclosure as an option for reconnection and integration following trauma. Systemic facilitators were identified, including provision of safety and a perception of the legal system as effective in holding abusers to account. Ultimately, the findings suggest decisions around legal disclosure are deeply personal and dependent on perceptions of compatibility with their individual prioritised needs. Anticipated risks of engagement must also be outweighed by the evaluation of the system's capacity to meet these needs.

Findings of the complex relationship between factors around legal disclosure reflect McElvaney, Green and Hogan's (2012) process model of disclosure, which likens the interaction between internal and external motivators to a 'pressure cooker'. The current study extends this understanding by suggesting that, for legal disclosure, a foundation of supportive factors - including supportive relationships, a positive perception of what the legal system can offer and identification of self as deserving of justice and strong enough to withstand the process - may be necessary prior to engagement with the legal system. The suggestion that such factors may need to be established prior engagement differs somewhat from research on the process of informal disclosure, which has been conceptualised as an iterative process wherein survivors might test out responses prior to revealing more detail (Alaggia et al., 2017). This divergence may be accounted for by the pivotal nature of legal disclosure conveyed by participants which communicates an implicit sense that once information is

reported to the police, what happens to the disclosure from there will no longer be in their hands due to the investigatory process.

Several barriers and facilitators identified in this study overlap with the socio-cultural understanding of informal disclosure for adult CSA survivors (Tener & Murphy, 2014). This is perhaps unsurprising as survivors conveyed an understanding of how the investigatory process may involve interviewing those who knew them at the time of the abuse, requiring them to prepare friends and family by making an informal disclosure. Indeed, for one participant in the current study the inability to disclose to her family served as a significant barrier to contemplating legal disclosure. The findings also fortify those from research conducted with clinicians working with adult CSA survivors (Morrison, 2016). They described an overwhelmingly aversive perception of legal disclosure underpinned by factors such as the uncertainty of the legal system, the potential of the system to do harm and the loss of relationships which may be associated with it. However, participants in the current study also articulated how such barriers may be overcome. The finding that many participants understood the legal system may be harmful, yet were motivated to engage regardless, suggests a perception that the pursuit of healing and justice were considered - at least at the outset - to be worth the risk. This resonates with findings from Alaggia and colleagues' (2017) review, which suggests informal disclosure can be perceived as a way of acknowledging and giving meaning to the abuse experience.

The question remains as to why participants overwhelmingly anticipated the legal process would be challenging. Factors inherent to legal systems in the UK - such as evidentiary requirements - seemingly contributed to uncertainty about disclosure. Legal disclosure also often requires pro-active engagement by the

survivor with a system which can be perceived as unpredictable and unknown (Morrison, 2016). These aspects, have contributed to an understanding of the legal system as one inherent with the risk of re-traumatisation for victims (Herman, 2003). Whilst attempts have been made to moderate this impact through the introduction of specialist support roles and measures, it is recognised that there is further to go in translating the intentions of the legal system into reality for many victims of sexual crimes (COPFS, 2017).

Practical Implications and Future Research

The findings of this study provide a useful indication of where barriers to legal disclosure could be minimised to facilitate survivors' access to legal remedy. In recent years, a framework of trauma-informed care has been advocated to support systems which interact with trauma survivors (NHS Education for Scotland, 2017). The framework focuses around key principles including choice, collaboration, trust, empowerment and safety. The findings of this study provide further support for the framework as participants highlighted the importance of predictability, choice and supportive relationships, characterising the system as unpredictable and risky when these were absent. Redoubling efforts to ensure that available supports are applied universally for survivors involved in the legal system will assist in promoting this practice further (COPFS, 2017). Additionally, participants insisted that, regardless of the reasons for disclosure or non-disclosure, decisions around disclosure should be made by survivors. For clinicians then, it will be important to consider how to integrate trauma-informed principles when implementing mandatory reporting laws, which compel professionals to disclose child protection concerns to the police (Scottish Government, 2003).

Future research would be helpful in assessing the implementation of trauma-informed approaches within the legal system and the impact this has on trauma survivors. Researchers may also wish to explore the experience of decision-making around legal disclosure for CSA survivors with differing gender, ethnic and class identities as these factors may differentially impact on legal experiences (Parsons & Bergin, 2010).

Strengths and Limitations

This study is the first to explore survivors' experiences of decision-making around legal disclosure of historic CSA in the UK and extends the findings of previous research with key informants (Morrison, 2016). The research design integrated trauma-informed principles and took measures to ensure interpretation of themes was credible. Analysis also drew on a social-ecological framework which considered the complex interplay between individual, interpersonal and organisational factors, as recommended by Alaggia and colleagues (2017).

In the course of the research being undertaken an amendment was introduced to the Scottish Parliament which proposed changes to how evidence was recorded for vulnerable witnesses - which may include the population with whom the research was undertaken (Vulnerable Witnesses (Criminal Evidence) (Scotland) Bill 2018). However, this Bill was published after analyses had been completed, and therefore was not considered to introduce bias to the interpretation.

Limitations of the study include the lack of exploration of specific gender and class identity issues which may have influenced participant experiences (Parsons & Bergin, 2010). The sample was drawn from individuals who had been able to make an informal disclosure in order to access

psychological services for their trauma experience. Eligibility criteria also stipulated the inclusion of participants considered stable and robust enough to take part in the research safely. As such, their experiences may have been influenced by factors which contributed to their robustness, for example possibly having increased access to support or experiencing a less severe impact of the abuse than those who may not have been considered robust enough to take part. Therefore, experiences of CSA survivors who have yet to make an informal disclosure and access specialist services, or who have heightened vulnerability and ongoing emotional instability, were not represented in this study. Those who experienced CSA without developing clinical levels of psychopathology may also report different experiences of decision-making around legal disclosure. As such, the findings should be considered within this phenomenological context and should not be considered generalisable to all CSA survivors. However, the focus on survivors of CSA who have related trauma symptoms is justified as they may be impacted disproportionately by barriers which increase the risk of re-traumatisation (Smith & Heke, 2010). Additionally, the study included both participants who had and had not legally disclosed which increased the heterogeneity of the sample. However, the decision was taken to include both in order to gain a fuller understanding of both facilitators and barriers to engagement.

Conclusion

This study aimed to gain an understanding of the lived experience of decision-making around engagement with the legal system around historic CSA using an IPA approach. The findings suggest that, similarly to informal disclosure,

barriers and facilitators exist within psychological, interpersonal and systemic domains. Legal disclosure may require a distinct foundation of supportive factors due to the formal investigative process which can follow. Future research is recommended to evaluate how trauma-informed approaches interact with these factors to increase access to legal remedy.

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Appendix 1: Author Guidelines for Journal of Child Abuse and Neglect



CHILD ABUSE & NEGLECT

The International Journal

AUTHOR INFORMATION PACK

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DESCRIPTION

Child Abuse & Neglect is an international and interdisciplinary journal publishing research on child welfare, health, humanitarian aid, justice, mental health, public health and social service systems. The journal recognizes that child protection is a global concern that continues to evolve. Accordingly, the journal is intended to be useful to scholars, policymakers, concerned citizens, advocates, and professional practitioners in countries that are diverse in wealth, culture, and the nature of their formal child protection system. *Child Abuse & Neglect* welcomes contributions grounded in the traditions of particular cultures and settings, as well as global perspectives. Article formats include empirical reports, theoretical and methodological reports and invited reviews.

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Includes but is not limited to: Economists, Historians, Planners, Political Scientists, Ethicists, Legal Scholars, Political Theorists, Theologians, Psychologists, Lawyers, Psychiatrists, Nurses, Social Workers, Sociologists, Public Health Workers, Law Enforcement, Educators, Pediatricians and Anthropologists.

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GUIDE FOR AUTHORS

Types of contributions

1. Research Article: Child Abuse and Neglect publishes quantitative, qualitative, and mixed-method research. Particular focus will be placed on thorough and appropriate methods, strong data analysis and discussion of implications for the field.

2. Reviews: Authors with plans for proposed review articles (systematic, meta-analytic, scoping) are invited to first submit a draft outline to the Editor-in-Chief for review. Please send proposals to chiabu@elsevier.com. The editors may also commission reviews on specific topics. Reviews submitted without invitation or prior approval may be returned.

3. Medical Report: Child Abuse and Neglect publishes clinically-relevant original research using a more structured medical format. Medical Reports should include a structured abstract of no more than 250 words including the following sections: Background, Objective, Participants and Setting, Methods, Results (giving specific effect sizes and their statistical significance), and Conclusions. Manuscript length is limited to 3,000 words (excluding the abstract, tables and figures, and references or appendices) and up to 5 figures or tables (additional figures or tables may be considered as online appendices). Medical reports should include the following sections: Introduction: In 1-2 pages, state the objective of the study and provide adequate background that a reader can determine whether they should read the paper in its entirety. Methods: Provide sufficient detail that the study could be repeated by another investigator. Results: Provide main and secondary results. Discussion: Summarize the most important results and provide the authors interpretation of relevance in the context of any relevant prior literature. The discussion section should include a section on the articles strengths and limitations, and suggested next steps. Conclusion: In 1-2 sentences, summarize the authors final conclusions. Medical Reports should include 2 sections highlighting the importance of the paper; What is known and What this study adds. Each section is limited to 40 words.

4. Discussion Article: Plans for proposed critical review discussion articles are invited to first submit a draft outline to the Editor-in-Chief. Please send proposals to chiabu@elsevier.com. These articles may discuss a policy or legal / philosophical framework or a brief data report. The article must present a critical analysis of areas of gap in practice or research, current critical or emergent issues, with an expectation of utilizing an integration and discussion of empirical research.

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Contact details for submission

All correspondence, including notification of the Editor-in-Chief's decision and requests for revision, takes place by e-mail and via the Author's homepage, removing the need for a hard-copy paper trail.

BEFORE YOU BEGIN

Declaration of interest

All authors must disclose any financial and personal relationships with other people or organizations that could inappropriately influence (bias) their work. Examples of potential competing interests include employment, consultancies, stock ownership, honoraria, paid expert testimony, patent applications/registrations, and grants or other funding. Authors must disclose any interests in two places: 1. A summary declaration of interest statement in the title page

file (if double-blind) or the manuscript file (if single-blind). If there are no interests to declare then please state this: 'Declarations of interest: none'. This summary statement will be ultimately published if the article is accepted.

Detailed disclosures as part of a separate Declaration of Interest form, which forms part of the journal's official records. It is important for potential interests to be declared in both places and that the information matches. More information.

Submission declaration and verification

Submission of an article implies that the work described has not been published previously (except in the form of an abstract, a published lecture or academic thesis, see '[Multiple, redundant or concurrent publication](#)' for more information), that it is not under consideration for publication elsewhere, that its publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out, and that, if accepted, it will not be published elsewhere in the same form, in English or in any other language, including electronically without the written consent of the copyright-holder. To verify originality, your article may be checked by the originality detection service [Crossref Similarity Check](#).

Preprints

Please note that [preprints](#) can be shared anywhere at any time, in line with Elsevier's [sharing policy](#). Sharing your preprints e.g. on a preprint server will not count as prior publication (see '[Multiple, redundant or concurrent publication](#)' for more information).

Role of the funding source

You are requested to identify who provided financial support for the conduct of the research and/or preparation of the article and to briefly describe the role of the sponsor(s), if any, in study design; in the collection, analysis and interpretation of data; in the writing of the report; and in the decision to submit the article for publication. If the funding source(s) had no such involvement then this should be stated.

Funding body agreements and policies

Elsevier has established a number of agreements with funding bodies which allow authors to comply with their funder's open access policies. Some funding bodies will reimburse the author for the gold open access publication fee. Details of [existing agreements](#) are available online.

Language (usage and editing services)

Please write your text in good English (only American usage is accepted, as dictated manuscript may require editing to conform to correct scientific service available from Elsevier's visit our customer support site by APA style). Authors who feel their English language to eliminate possible grammatical or spelling errors and English may wish to use the English Language Editing WebShop (<http://webshop.elsevier.com/languageediting/>) or (<http://support.elsevier.com>) for more information.

Length and Style of Manuscripts

Full-length manuscripts should not exceed 35 pages total (including abstract, text, references, tables, and figures), double spaced with margins of at least 1 inch on all sides and a standard font (e.g., Times New Roman) of 12 points (no smaller).

Instructions on preparing tables, figures, references, metrics, and abstracts appear in the [Publication Manual of the American Psychological Association](#) (6th edition).

For helpful tips on APA style, [click here](#).

Article structure

Subdivision

Divide your article into clearly defined sections. Three levels of headings are permitted. Level one and level two headings should appear on its own separate line; level three headings should include punctuation and run in with the first line of the paragraph.

Introduction

State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

Essential title page information

Title. Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible.

Author names and affiliations. Please clearly indicate the given name(s) and family name(s) of each author and check that all names are accurately spelled. You can add your name between parentheses in your own script behind the English transliteration. Present the authors' affiliation addresses (where the actual work was done) below the names. Indicate all affiliations with a lower-case superscript letter immediately after the author's name and in front of the appropriate address. Provide the full postal address of each affiliation, including the country name and, if available, the e-mail address of each author.

Corresponding author. Clearly indicate who will handle correspondence at all stages of refereeing and publication, also post-publication. This responsibility includes answering any future queries about Methodology and Materials. Ensure that the e-mail address is given and that contact details are kept up to date by the corresponding author.

Present/permanent address. If an author has moved since the work described in the article was done, or was visiting at the time, a 'Present address' (or 'Permanent address') may be indicated as a footnote to that author's name. The address at which the author actually did the work must be retained as the main, affiliation address. Superscript Arabic numerals are used for such footnotes.

Abstract

Abstracts should follow a structured format of no more than 250 words including the following sections: Background, Objective, Participants and Setting, Methods, Results (giving specific effect sizes and their statistical significance), and Conclusions.

Keywords

Immediately after the abstract, provide a maximum of 6 keywords, using American spelling and avoiding general and plural terms and multiple concepts (avoid, for example, 'and', 'of'). Be sparing with abbreviations: only

abbreviations firmly established in the field may be eligible. These keywords will be used for indexing purposes.

Footnotes

The use of footnotes in the text is not permitted. Footnoted material must be incorporated into the text.

Table footnotes Indicate each footnote in a table with a superscript lowercase letter.

Electronic artwork

General points

- Make sure you use uniform lettering and sizing of your original artwork.
- Embed the used fonts if the application provides that option.
- Aim to use the following fonts in your illustrations: Arial, Courier, Times New Roman, Symbol, or use fonts that look similar.
- Number the illustrations according to their sequence in the text.
- Use a logical naming convention for your artwork files.
- Provide captions to illustrations separately.
- Size the illustrations close to the desired dimensions of the published version.
- Submit each illustration as a separate file.

Tables

Please submit tables as editable text and not as images. Tables can be placed either next to the relevant text in the article, or on separate page(s) at the end. Number tables consecutively in accordance with their appearance in the text and place any table notes below the table body. Be sparing in the use of tables and ensure that the data presented in them do not duplicate results described elsewhere in the article. Please avoid using vertical rules and shading in table cells.

References

Citation in text

Please ensure that every reference cited in the text is also present in the reference list (and vice versa). Any references cited in the abstract must be given in full. Unpublished results and personal communications are not recommended in the reference list, but may be mentioned in the text. If these references are included in the reference list they should follow the standard reference style of the journal and should include a substitution of the publication date with either 'Unpublished results' or 'Personal communication'. Citation of a reference as 'in press' implies that the item has been accepted for publication.

Reference style

Text: Citations in the text should follow the referencing style used by the American Psychological Association (view the [APA Style Guide](#)). You are referred to the Publication Manual of the American Psychological Association, Sixth Edition, ISBN 978-1-4338-0561-5.

List: references should be arranged first alphabetically and then further sorted chronologically if necessary. More than one reference from the same author(s)

in the same year must be identified by the letters 'a', 'b', 'c', etc., placed after the year of publication.

Submission checklist

The following list will be useful during the final checking of an article prior to sending it to the journal for review. Please consult this Guide for Authors for further details of any item.

Ensure that the following items are present:

One author has been designated as the corresponding author with contact details:

- E-mail address
- Full postal address
- Phone numbers

All necessary files have been uploaded, and contain:

- Keywords
- All figure captions
- All tables (including title, description, footnotes)
Further considerations
- Manuscript has been 'spell-checked' and 'grammar-checked'
- References are in the correct format for this journal
- All references mentioned in the Reference list are cited in the text, and vice versa
- Permission has been obtained for use of copyrighted material from other sources (including the Web)
- Color figures are clearly marked as being intended for color reproduction on the Web (free of charge) and in print, or to be reproduced in color on the Web (free of charge) and in black-and-white in print
- If only color on the Web is required, black-and-white versions of the figures are also supplied for printing purposes

Authors are responsible for ensuring that manuscripts conform fully to the Publication Manual of the American Psychological Association (6th ed.), including not only reference style but also spelling (see, e.g., the hyphenation rules), word choice, grammar, tables, headings, etc. Spelling and punctuation should be in American English.

Appendix 2: Individual Database Searches

| <u>Database</u> | <u>Search strategy</u> |
|--|---|
| PsychINFO & Psychology and Behavioral Sciences Collection | <ol style="list-style-type: none"> 1. SU (psychological OR emotion* OR “mental health OR experience OR mood OR anxiety OR behavior#r) OR TI (psychological OR emotion* OR “mental health OR experience OR mood OR anxiety OR behavior#r) OR AB (psychological OR emotion* OR “mental health OR experience OR mood OR anxiety OR behavior#r) OR KW (psychological OR emotion* OR “mental health OR experience OR mood OR anxiety OR behavior#r) 2. SU (court OR legal OR police or “criminal justice”) OR TI (court OR legal OR police or “criminal justice”) OR AB (court OR legal OR police or “criminal justice”) OR KW (court OR legal OR police or “criminal justice”) 3. SU (((child* or youth or teen* or adolescent or "young pe*") N3 (incest or molest* or (sex* N1 (abuse or assault))))) OR TI (((child* or youth or teen* or adolescent or "young pe*") N3 (incest or molest* or (sex* N1 (abuse or assault))))) OR AB (((child* or youth or teen* or adolescent or "young pe*") N3 (incest or molest* or (sex* N1 (abuse or assault))))) OR KW (((child* or youth or teen* or adolescent or "young pe*") N3 (incest or molest* or (sex* N1 (abuse or assault))))) 4. 1 AND 2 AND 3 |
| Web of Science Core Collection | <ol style="list-style-type: none"> 1. TOPIC: (((child* or youth or teen* or adolescent or "young pe*") near/3 (incest or molest* or (sex* near/1 (abuse or assault))))) OR TITLE: (((child* or youth or teen* or adolescent or "young pe*") near/3 (incest or molest* or (sex* near/1 (abuse or assault))))) 2. TOPIC: (court or legal or police or "criminal justice") OR TITLE: (court or legal or police or "criminal justice") AND 3. TOPIC: (psychological or emotion* or "mental health" or experience or mood or anxiety or behavior#r) OR TITLE: (psychological or emotion* or "mental health" or experience or mood or anxiety or behavior#r) 4. 1 AND 2 AND 3 |
| Ovid MEDLINE(R) Epub Ahead of Print, In- Process & Other Non- Indexed Citations, Ovid MEDLINE(R) Daily, Ovid MEDLINE and Versions(R) 1946 to February 28, 2018 & Ovid Embase Embase 1947-Present, updated daily | <ol style="list-style-type: none"> 1. ((child* or youth or teen* or adolescent or "young pe*") adj3 (incest or molest* or (sex* adj1 (abuse or assault)))) .ab,kw,ti. 2. (court or legal or police or 'criminal justice') .ab,kw,ti. 3. (psychological or emotion* or 'mental health' or experience or mood or anxiety or behavior#r) .ab,kw,ti. 4. 1 and 2 and 3 |

Appendix 3: Data Extraction Form (Adapted from Cochrane Public Health Group Data Extraction and Assessment Template, 2011)

| | | |
|-------------------------------|--|----------------------|
| Study ID: | Year of study: | Date form completed: |
| Authors: | | Data extractor: |
| Citation: | | |
| 1. General Information | | |
| Country of study: | Type of legal system: | |
| Funding source of study: | Potential conflict of interest from funding? Y / N / unclear | |

| 2. Study details | | | Page/ Para/ Figure # |
|---|--|---|----------------------------|
| Study design | <p>A.</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Cross-sectional Longitudinal </div> <div> <input type="checkbox"/> Retrospective Prospective </div> <div> <input type="checkbox"/> Correlational Predictive </div> </div> <input type="checkbox"/> Other _____ | <p>B.</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Cohort <input type="checkbox"/> Survey </div> <div> <input type="checkbox"/> Case-control <input type="checkbox"/> Developmental Normative </div> <div> <input type="checkbox"/> Case study Other _____ </div> </div> | |
| Aim of study | <i>What was the study designed to assess? Are these clearly stated?</i> | | |
| Equity pointer: Social context of the study | <i>e.g. was study conducted in a particular setting that might target/exclude specific population s?</i> | | |
| Start and end date of the study | | | |
| Total study duration | | | |

| 3. Methods | Descriptions as stated in the report/paper | Page/ Para/ Figure # |
|---|--|----------------------------|
| Method/s of recruitment of participants | | |
| Inclusion criteria | | |

| | | |
|---|---|-----------------------------|
| | | |
| Exclusion criteria | | |
| Representativeness of sample: Are participants in the study likely to be representative of the target population? | | |
| Total number of groups | | |
| Sample size calculation: | | |
| Methods of data collection | | |
| Follow-up period/study period | | |
| Outcome measures used: | | |
| Validated? | (Yes/No/Unclear) | |
| Planned statistical methods and appropriateness of these methods | | |
| 4. Results | | |
| Participants | Include information for each group (i.e. intervention and controls) under study | Page/ Para/ Figure # |
| • What percentage of selected individuals agreed to participate? | | |
| • Were there any significant baseline imbalances? | Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/> Details: | |
| • Number and reason for withdrawals and exclusions | | |
| • What percentage of participants received the exposure of interest? | | |
| • What type of exposure occurred? | | |
| • Judicial measures utilised by exposed group | | |
| • Proximity to involvement at time of study | | |

| | | | | |
|--|----------------|-------------------------------------|--|-------------------------------------|
| • Age (median, mean and range if possible) | | | | |
| • Sex | | | | |
| • Race/Ethnicity | | | | |
| Abuse characteristics | | | | |
| • Mean age at onset | | | | |
| • Relationship to abuser | | | | |
| • Type/severity of abuse | | | | |
| • Frequency of abuse | | | | |
| • Duration of abuse | | | | |
| 5. Findings | | | | |
| Question | Group 1 | Page/ Para/ Figure # | Comparison group(s) (if applicable) | Page/ Para/ Figure # |
| Primary analysis | | | | |
| Secondary analysis | | | | |
| Primary outcomes | | | | |
| Secondary outcomes | | | | |
| Risk of bias? | | | | |
| Finding summary | | | | |

| | | | | |
|--|--|--|--|--|
| Substantiated by data? | | | | |
| 6. Other relevant information | | | | |
| Key conclusions of the study authors | | | | |
| Could the inclusion of this study potentially bias the generalisability of the review? Equity pointer: Remember to consider whether disadvantaged populations may have been excluded from the study. | | | | |
| References to other relevant studies | | | | |
| Additional notes by reviewers | | | | |
| Correspondence required for further study information (from whom, what and when) | | | | |

Appendix 4: NHS Ethics Approval Letter

WoSRES

West of Scotland Research Ethics Service

Dr Caroline Bruce
Research Tutor/Education Project Manager
University of Glasgow/NHS Education Scotland
Mental Health and Wellbeing, University of Glasgow
Admin Building, Gartnavel Royal Hospital
1055 Great Western Road
G12 0XH



West of Scotland REC 1
Research Ethics
Clinical Research and Development
West Glasgow Ambulatory Care Hospital
Dalnair Street
Glasgow
G3 8SJ
(Formerly Yorkhill Childrens Hospital)

Date 02 November 2017
Direct line 0141 232 1807
E-mail WoSREC1@ggc.scot.nhs.uk

Dear Dr Bruce

Study title: Factors affecting the decisions of adults affected by childhood sexual abuse to engage in the criminal justice system.
REC reference: 17/WS/0206
IRAS project ID: 224050

Thank you for your letter of 24 October 2017, responding to the Committee's request for further information on the above research and submitting revised documentation.

The further information was considered in correspondence by a Sub-Committee of the REC. A list of the Sub-Committee members is attached.

We plan to publish your research summary wording for the above study on the HRA website, together with your contact details. Publication will be no earlier than three months from the date of this opinion letter. Should you wish to provide a substitute contact point, require further information, or wish to make a request to postpone publication, please contact hra.studyregistration@nhs.net outlining the reasons for your request.

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised, subject to the conditions specified below.

Conditions of the favourable opinion

The REC favourable opinion is subject to the following conditions being met prior to the start of the study.

Management permission must be obtained from each host organisation prior to the start of the study at the site concerned.

Management permission should be sought from all NHS organisations involved in the study in accordance with NHS research governance arrangements. Each NHS organisation must confirm through the signing of agreements and/or other documents that it has given permission for the research to proceed (except where explicitly specified otherwise).

Guidance on applying for NHS permission for research is available in the Integrated Research Application System, www.hra.nhs.uk or at <http://www.rdforum.nhs.uk>.

Where a NHS organisation's role in the study is limited to identifying and referring potential participants to research sites ("participant identification centre"), guidance should be sought from the R&D office on the information it requires to give permission for this activity.

For non-NHS sites, site management permission should be obtained in accordance with the procedures of the relevant host organisation.

Sponsors are not required to notify the Committee of management permissions from host organisations

Registration of Clinical Trials

All clinical trials (defined as the first four categories on the IRAS filter page) must be registered on a publically accessible database within 6 weeks of recruitment of the first participant (for medical device studies, within the timeline determined by the current registration and publication trees).

There is no requirement to separately notify the REC but you should do so at the earliest opportunity e.g. when submitting an amendment. We will audit the registration details as part of the annual progress reporting process.

To ensure transparency in research, we strongly recommend that all research is registered but for non-clinical trials this is not currently mandatory.

If a sponsor wishes to request a deferral for study registration within the required timeframe, they should contact hra.studyregistration@nhs.net. The expectation is that all clinical trials will be registered, however, in exceptional circumstances non registration may be permissible with prior agreement from the HRA. Guidance on where to register is provided on the HRA website.

It is the responsibility of the sponsor to ensure that all the conditions are complied with before the start of the study or its initiation at a particular site (as applicable).

Ethical review of research sites

NHS sites

The favourable opinion applies to all NHS sites taking part in the study, subject to management permission being obtained from the NHS/HSC R&D office prior to the start of the study (see "Conditions of the favourable opinion" below).

Approved documents

The final list of documents reviewed and approved by the Committee is as follows:

| Document | Version | Date |
|--|---------|-------------------|
| Evidence of Sponsor insurance or indemnity (non NHS Sponsors only) [Evidence of sponsor insurance] | | 27 July 2017 |
| GP/consultant information sheets or letters [Clinician information sheet] | 4 | 16 October 2017 |
| GP/consultant information sheets or letters [GP letter v1] | 1 | 24 October 2017 |
| Interview schedules or topic guides for participants [Topic guide] | 7 | 05 September 2017 |
| IRAS Application Form [IRAS_Form_13092017] | | 13 September 2017 |
| Other [Contact details form] | 1 | 05 September 2017 |
| Participant consent form [Permission slip to contact researcher] | 4 | 05 September 2017 |
| Participant consent form [Participant consent form] | 7 | 16 October 2017 |
| Participant information sheet (PIS) [Rivers PIS] | 9ai | 16 October 2017 |
| Participant information sheet (PIS) [Rivers easy-read PIS] | 9aii | 16 October 2017 |
| Participant information sheet (PIS) [Anchor PIS] | 9bi | 16 October 2017 |
| Participant information sheet (PIS) [Anchor easy-read PIS] | 9bii | 16 October 2017 |
| Participant information sheet (PIS) [EVA PIS] | 9ci | 16 October 2017 |
| Participant information sheet (PIS) [EVA easy-read PIS] | 9cii | 16 October 2017 |
| Referee's report or other scientific critique report [Scientific critique report] | | |
| Research protocol or project proposal [Project proposal] | 6 | 16 October 2017 |
| Response to Request for Further Information | 1 | 24 October 2017 |
| Summary CV for Chief Investigator (CI) [Chief Investigator CV] | | 15 July 2017 |
| Summary CV for student [Hope Plastock CV] | | |
| Summary CV for supervisor (student research) [Sarah Wilson CV] | | 11 May 2017 |
| Summary CV for supervisor (student research) [Sandra Ferguson CV] | | |
| Summary, synopsis or diagram (flowchart) of protocol in non technical language [Plain English summary] | 6 | 16 October 2017 |

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

After ethical review

Reporting requirements

The attached document "*After ethical review – guidance for researchers*" gives detailed guidance on reporting requirements for studies with a favourable opinion, including:

- Notifying substantial amendments

- Adding new sites and investigators
- Notification of serious breaches of the protocol
- Progress and safety reports
- Notifying the end of the study

The HRA website also provides guidance on these topics, which is updated in the light of changes in reporting requirements or procedures.

User Feedback

The Health Research Authority is continually striving to provide a high quality service to all applicants and sponsors. You are invited to give your view of the service you have received and the application procedure. If you wish to make your views known please use the feedback form available on the HRA website: <http://www.hra.nhs.uk/about-the-hra/governance/quality-assurance/>

HRA Training

We are pleased to welcome researchers and R&D staff at our training days – see details at <http://www.hra.nhs.uk/hra-training/>

| | |
|------------|--|
| 17/WS/0206 | Please quote this number on all correspondence |
|------------|--|

With the Committee's best wishes for the success of this project.

Yours sincerely

Abibat Adewumi

On behalf of
Dr Malcolm Booth
Chair

Enclosures: *List of names and professions of members who were present at the meeting and those who submitted written comments*

"After ethical review – guidance for researchers"

Copy to: *Mrs Emma-Jane Gault, University of Glasgow*
Miss Sophie Bagnall, NHS Greater Glasgow and Clyde

West of Scotland REC 1

Attendance at Sub-Committee of the REC meeting on 31 October 2017

Committee Members:

| Name | Profession | Present | Notes |
|-------------------|--|---------|------------------|
| Dr Malcolm Booth | Consultant in Anaesthesia and Intensive Care (Chair) | Yes | Chair of Meeting |
| Dr John D McClure | Statistician | Yes | |
| Mr Robin Sim | Investments (Retired) | Yes | |

Also in attendance:

| Name | Position (or reason for attending) |
|-----------------------------|------------------------------------|
| Mrs Abibat Adewumi-Ogunjobi | REC Manager |

Appendix 5: NHS Research and Development Department Approval



Administrator: Sophie Bagnall
 Telephone Number: 0141 232 1826
 E-Mail: sophie.bagnall@ggc.scot.nhs.uk
 Website: www.nhsggc.org.uk/r&d

R&D Management Office
 West Glasgow ACH
 Dalnair Street
 Glasgow G3 8SW

3 November 2017

Dr Suzanne Aziz
 Principal Clinical Psychologist
 NHS Greater Glasgow and Clyde
 Anchor Service
 Brand Street Festival Business Centre
 G51 1DH

NHS GG&C Board Approval

Dear DrAziz

| | |
|--------------------------------|---|
| Study Title: | Factors affecting the decisions of adult survivors of childhood sexual abuse to engage as a witness in the criminal justice system |
| Principal Investigator: | Dr Suzanne Aziz |
| GG&C HB site | The Anchor Service |
| Sponsor | NHS Greater Glasgow and Clyde |
| R&D reference: | GN17HS530 |
| REC reference: | 17/WS/0206 |
| Protocol no: | Version 6 16/10/17 |

I am pleased to confirm that Greater Glasgow & Clyde Health Board is now able to grant **Approval** for the above study.

Conditions of Approval

1. **For Clinical Trials** as defined by the Medicines for Human Use Clinical Trial Regulations, 2004
 - a. During the life span of the study GGHB requires the following information relating to this site
 - i. Notification of any potential serious breaches.
 - ii. Notification of any regulatory inspections.

It is your responsibility to ensure that all staff involved in the study at this site have the appropriate GCP training according to the GGHB GCP policy (www.nhsggc.org.uk/content/default.asp?page=s1411), evidence of such training to be filed in the site file

2. **For all studies** the following information is required during their lifespan.
 - a. Recruitment Numbers on a monthly basis
 - b. Any change of staff named on the original SSI form

- c. Any amendments – Substantial or Non Substantial
- d. Notification of Trial/study end including final recruitment figures
- e. Final Report & Copies of Publications/Abstracts

Please add this approval to your study file as this letter may be subject to audit and monitoring.

Your personal information will be held on a secure national web-based NHS database.

I wish you every success with this research study

Yours sincerely,



Sophie Bagnall
Senior Research Administrator

Cc; Miss Hope Plastock



Dr Caroline Bruce
Research Tutor / Education Project Manager
University of Glasgow
Admin Building
Gartnavel Royal Hospital
1055 Great Western Road
G12 0XH

R&D Department
Corporate Services Building
Monklands Hospital
Monkscourt Avenue
AIRDRIE
ML6 0JS

Date 06.11.17
Enquiries to Elizabeth McGonigal,
R&D Facilitator
Direct Line 01236 712459
Email elizabeth.mcgonigal@lanarkshire.scot.nhs.uk

Dear Dr Bruce

Project title: Factors affecting the decisions of adult survivors of childhood sexual abuse to engage as a witness in the criminal justice system

R&D ID: L17096

NRS ID Number: NRS17/233221

I am writing to you as Chief Investigator of the above study to advise that R&D Management approval has been granted for the conduct of your study within NHS Lanarkshire as detailed below:

| NAME | TITLE | ROLE | NHSL SITE TO WHICH APPROVAL APPLIES |
|----------------|-------------------|--------------------|-------------------------------------|
| Dr Elaine Carr | Lead Psychologist | Local Collaborator | Coathill Hospital |

For the study to be carried out you are subject to the following conditions:

Conditions

- You are required to comply with Good Clinical Practice, Ethics Guidelines, Health & Safety Act 1999 and the Data Protection Act 1998.
- The research is carried out in accordance with the Scottish Executive's Research Governance Framework for Health and Community Care (copy available via the Chief Scientist Office website: <http://www.cso.scot.nhs.uk/> or the Research & Development Intranet site: <http://firstport2/staff-support/research-and-development/default.aspx>



- You must ensure that all confidential information is maintained in secure storage. You are further obligated under this agreement to report to the NHS Lanarkshire Data Protection Office and the Research & Development Office infringements, either by accident or otherwise, which constitutes a breach of confidentiality.
- Clinical trial agreements (if applicable), or any other agreements in relation to the study, have been signed off by all relevant signatories.
- You must contact the Lead Nation Coordinating Centre if/when the project is subject to any minor or substantial amendments so that these can be appropriately assessed, and approved, where necessary.
- You notify the R&D Department if any additional researchers become involved in the project within NHS Lanarkshire
- You notify the R&D Department when you have completed your research, or if you decide to terminate it prematurely.
- You must send brief annual reports followed by a final report and summary to the R&D office in hard copy and electronic formats as well as any publications.
- If the research involves any investigators who are not employed by NHS Lanarkshire, but who will be dealing with NHS Lanarkshire patients, there may be a requirement for an SCRO check and occupational health assessment. If this is the case then please contact the R&D Department to make arrangements for this to be undertaken and an honorary contract issued.

I trust these conditions are acceptable to you.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Raymond Hamill', followed by a large, stylized circular flourish.

Raymond Hamill – Corporate R&D Manager

cc.

| NAME | TITLE | CONTACT ADDRESS | ROLE |
|--------------------|-------------------------------|-------------------------------------|--------------------|
| Dr Elaine Carr | Lead Psychologist | Elaine.carr@lanarkshire.scot.nhs.uk | Local Collaborator |
| Emma-Jane Gault | | Emmajane.gault@glasgow.ac.uk | Sponsor Contact |
| Miss Hope Plastock | Trainee Clinical Psychologist | h.plastock.1@glasgow.gla.ac.uk | Student |

University Hospitals Division

Queen's Medical Research Institute
47 Little France Crescent, Edinburgh, EH16 4TJ

FM/LM/approval

6 November 2017

Dr Claire Fyvie
Head of Service at the Rivers Centre
Consultant Clinical Psychologist
Royal Edinburgh Hospital
Tipperlinn House
Tipperlinn Road
EH10 5HF



Research & Development
Room E1.16
Tel: 0131 242 3330

Email:
accord@nhslothian.scot.nhs.uk

Director: Professor Tim Walsh

Dear Dr Fyvie

Lothian R&D Project No: 2017/0247

REC No: 17/WS/0206

Title of Research: Factors affecting the decisions of adults affected by childhood sexual abuse to engage in the criminal justice system

Participant Information Sheet:

(Anchor Easy-read) Version 9bii, dated 16 October 2017
(Anchor) Version 9bi, 16.10.17 dated 16 October 2017
(EVA Easy-read) Version 9cii, dated 16 October 2017
(EVA) Version 9ci, dated 16 October 2017
(Rivers Easy-read) Version 9aii, dated 16 October 2017
(Rivers) Version 9ai, dated 16 October 2017

Consent Form:

Version 7 dated 16 October 2017

Consent Form (Sharing of Contact Details):
Version 4 dated 5 September 2017

Protocol: Version 6, dated 16 October 2017

I am pleased to inform you this letter provides Site Specific approval for NHS Lothian for the above study and you may proceed with your research, subject to the conditions below.

Please note that the NHS Lothian R&D Office must be informed of any changes to the study such as amendments to the protocol, funding, recruitment, personnel or resource input required of NHS Lothian.

Substantial amendments to the protocol will require approval from the ethics committee which approved your study and the MHRA where applicable.

Please keep this office informed of the following study information, which is a condition of NHS Lothian R&D Management Approval:

1. Date you are ready to begin recruitment, date of the recruitment of the first participant and the monthly recruitment figures thereafter.
2. Date the final participant is recruited and the final recruitment figures.
3. Date your study / trial is completed within NHS Lothian.

I wish you every success with your study.

Yours sincerely

Fiona McArdle

Ms Fiona McArdle
Deputy R&D Director

CC: Mr Tim Montgomery, Director of Operations, REH
Dr Caroline Bruce, Chief Investigator, University of Glasgow

Appendix 6: Clinician Guide



Study Title: Factors affecting the decisions of adult survivors of childhood sexual abuse to engage as a witness in the criminal justice system

Researcher Details

Hope Plastock, Trainee Clinical Psychologist
Department of Mental Health and Wellbeing,
University of Glasgow, Gartnavel Royal Hospital,
Glasgow G12 0XH

E-mail: hope.plastock@nhs.net

Telephone number: 0141 211 3927



Hope Plastock

Study Summary for Clinicians

The below information is to assist in identifying clients you think would be interested in taking part in the above study. If you have any questions, please don't hesitate to contact me. If a client indicates - after taking at least a week to consider the Participant Information Leaflet - that they would like to take part, please email me on the details above. **Please do not include any personal identifiable information in the subject line of this email.**

Inclusion and Exclusion Criteria

Inclusion criteria:

1. Have made a clinical disclosure of Childhood Sexual Abuse which was perpetrated within a community setting. This is defined as any abuse which began before age of 16 whilst the participant lived with a primary caregiver, regardless of who the abuse was perpetrated by.
2. Are currently on the active caseload of a treating clinician with whom they receive regular contact.
3. Fluent in English.
4. Have been identified by a trained therapist who considers them to be suitably robust and psychologically ready to discuss the topics contained in the interview.
5. Are aged 18 years old or above.

Exclusion criteria:

1. Those to whom, in the consideration of the treating clinician - taking into account factors such as risk, substance misuse and current mental health difficulties -, the interview will pose significant risk.

2. Those who, from the information available to the treating clinician, are considered to lack capacity to give informed consent to participation.
3. Have a significant cognitive impairment.
4. Whose abuse was perpetrated outside of UK jurisdiction.

Study summary for clinicians to discuss with clients before giving participant information sheet

- The study is being carried out by a trainee clinical psychologist at the University of Glasgow called Hope Plastock.
- The aim of the study is to understand what people who experienced childhood sexual abuse think about the process of “legal disclosure.” By legal disclosure, they mean telling authorities (like the police) about their experience of abuse with the intention of bringing a criminal prosecution. We know most people don’t disclose and the study aims to understand what influences decisions people make about this.
- The study will involve meeting with Hope for around an hour here at the service you attend for therapy to talk about your experiences and thoughts about making a legal disclosure. This will include speaking about things which have made you more likely to want to disclose and things which have made you less likely to disclose. **You do not have to have made a legal disclosure to take part.**
- **You will not be asked to talk about any personal experiences of abuse.** The interview will focus on your experiences and thoughts about legal disclosure.
- You can take the participant information sheet away to find out more about the study and let me know next time if you would like to take part.

Appendix 7: Example Participant Information Sheet



University
of Glasgow



EVA Psychology Service Participant Information Leaflet

Researcher Details

Name: Hope Plastock

Role: Trainee Clinical Psychologist

Address: Department of Mental Health
and Wellbeing, University of Glasgow,
Gartnavel Royal Hospital,
Glasgow G12 0XH

E-mail: hope.plastock@nhs.net

Telephone number: 0141 211 3927



Hope Plastock

Study Title: Factors Affecting Adult Survivors of Childhood Sexual Abuse Decisions to Engage as a Witness in the Criminal Justice System

We would like to invite you to take part in a research study. Before you decide, you need to understand why the research is being done and what it would involve for you. Please take time to read the following information carefully. Talk to others about the study if you wish. Ask us if there is anything that is not clear or if you would like more information.

What is the study about?

The aim of the study is to understand what adults who experienced childhood sexual abuse think about telling a professional who works in justice, like the police or a lawyer, about what happened to them with the intention of having the person who harmed them taken to court.

There are a range of things that might make it harder or easier for people to get involved in the process of having the person who harmed them taken to court. We're keen to know all about these things from people who may have thought about seeking justice through the criminal justice system for an experience of abuse so we can start to understand everything that might be done to make the process easier and better.

What will the study involve?

The study will involve meeting with the researcher, Hope Plastock, for around an hour to talk about your experiences and thoughts about engaging with the justice system. This will include speaking about things which have made you more likely to want to do this and things which have made you less likely to do this. You do not have to have told anyone from the justice system in order to take part.

- If you would like to talk more about the study before deciding, you can contact the researcher or another person who knows about the study (details included at end of this leaflet).

- If you decide to take part, your therapist will ask you to sign a permission slip which gives them permission to contact the researcher to arrange a time for her to come and meet with you at EVA Psychology. This will not be a therapy session. It will be a meeting for the research study which is taking place as part of the researcher's Doctorate in Clinical Psychology training.
- If you decide to take part, the research interview will be in place of your therapy session that week. You will not get any fewer therapy sessions if you decide to take part, but there will be a gap between your therapy sessions to make space for the interview.

You do not have to take part. You can decide to withdraw from the study right up until two weeks after you have met with the researcher without giving a reason. Whether you decided to take part in the study or not will not affect the provision of your treatment.

What happens if I take part?

If you do decide to take part:

- The EVA Psychology will contact the researcher to arrange a time for her to meet you there. The appointment will take around 60 minutes. When you meet, the researcher will check if you would like your therapist to be present. When you meet, the researcher will check if you would like your therapist to be present.
- You will have your travel expenses for attending the research meeting refunded.
- The researcher will spend some time at the start of your appointment speaking with you about what will happen in the meeting. She will give you the option of hearing the questions she would like to ask you and checking whether there are any you would prefer her not to ask.
- You will be asked to sign a consent form to say that you have understood the information in this leaflet and agree to take part.
- You will also be asked to sign to say you are ok with the meeting being recorded. The recording is so the researcher will have an accurate record of the conversation to help her identify important themes in what you have said. The recording will be made on a **secure audio device** which means that it can only be accessed using a password. Only the researcher will have the password. The audio recording will be removed from the device the same day as the meeting with the researcher and will be stored on a password-protected computer at the University of Glasgow. The recordings will be **deleted** at the end of the study. When she types this up, any information that could identify you will be removed.
- You'll also be asked to provide information, like your age and gender. No personally identifiable information, such as your name or address, will be taken.
- You will not be asked to talk about any personal experiences of abuse. The interview will focus on your experiences and thoughts about telling the justice system about your experience.
- If you get upset during the conversation or there are questions you don't want to answer, the interview can be stopped or you can say "I don't want to answer that question".
- Nothing you tell the researcher during your conversation will be reported in a way that can identify you. The only exception to this is if you tell the researcher something that makes her concerned that you or someone else is currently being harmed. If this happens, the researcher will let your therapist know and your therapist will discuss this with you further. If your therapist needs to, they might contact an organisation, like social work or the police, to let them know about the current harm that might be happening.
- At the end of the conversation, the researcher will spend time speaking with you to check that you are OK and answer any questions you might have about the study.
- You will also have time alone with your therapist at the end of the meeting without the researcher present so they can check you are OK.

What will happen to the information I give during the meeting with the researcher?

The information you provide for the study may be looked at by representatives of the study sponsor, NHS Greater Glasgow & Clyde, to make sure that the study is being conducted properly.

Once the researcher has looked at information from all the people who have taken part in the study, you can meet with her to discuss and give feedback on the main findings. If you would like to discuss the findings with the researcher, she will contact you however you prefer once the results are ready. This will probably be a few months from when you meet with the researcher the first time. You do not have to meet with the researcher to discuss the findings.

This study will form part of the researcher's doctoral thesis. It is also planned to be published in an academic journal. The researcher plans to use some anonymous quotations from the conversations she has had as part of these publications.

Who has reviewed the study?

It is important when research is being carried out that it is checked to make sure it will not be harmful to the people taking part. In the NHS, this means it must be approved by an NHS Research Ethics Committee. The protocol number for this study to show it has been approved is 17/WS/0206.

Who can I speak to about the study?

If you have any questions about the study and would like to speak to someone other than the researcher or your therapist about taking part, you can contact Tom McMillan, Research Director, on the details below.

| |
|---|
| Address: Department of Mental Health and Wellbeing, University of Glasgow, Gartnavel Royal Hospital, Glasgow G12 0XH |
| E-mail: Thomas.mcmillan@glasgow.ac.uk |
| Telephone: 0141 211 0354 |

If you are unhappy about any aspect of the study and wish to make a complaint, please contact the researcher in the first instance, however the normal NHS complaints procedure is also available to you.

Thank you for your interest in this study and for taking the time to read this leaflet. If you have any questions, please feel free to contact the researcher on the details above.

Appendix 8: Interview Topic Guide



Introduction

As we have talked about, I am carrying out some research to find out the thoughts and experiences that people who experienced sexual abuse as children have when they are older about telling a professional who works in the justice system, like the police or a lawyer, about what happened to them with the intention of having the person who harmed them taken to court. I'm interested in this because we know that not many people get involved in the justice system to have the person who harmed them taken to court. There are a range of things that might make it harder or easier for people to get involved in the process of having the person who harmed them taken to court. We're keen to know all about these things from people who may have thought about seeking justice for an experience of abuse and who are best able to tell us what they are, so we can start to understand everything that might be done to make the process easier and better. Some people may have thought about telling somebody about the abuse they experienced when they were still a child, however that won't be the focus of our conversation today. Do you have any questions about any of this?

I've thought about some questions you might be able to answer to help me understand this better and you should also feel free to talk about whatever you feel is important about this topic. Would you like the option of hearing these questions before we start and telling me if there are any you would prefer not to answer?

Introductory Question

1. What do you think the justice system is about?
 - a. What has influenced these thoughts?

The decision to make a legal disclosure

Thanks for sharing that with me. As I mentioned, I'm also very keen to hear about the kinds of things you've thought about when considering whether or not to get involved with the justice system about what happened to you.

1. Can you describe what thought, if any, you have given to telling a professional who works in the justice system about your own experience of abuse and what has influenced this?

Prompts

- a. *Can you tell me more about that?*

Thank you. I'm going to ask you in turn about the things you've thought about that influenced you firstly to be more likely to seek justice, then secondly about things that made it harder for you to seek justice.

2. Was there anything you thought about or came across that made you more likely to seek prosecution?

Prompts

- a. *What is it about that that you think made you more likely to seek justice?*
- b. *Was there anything that you were aware of hearing or seeing in the media that has made you more likely to seek justice?*
- c. *Was there anything that you felt was specific to you, your situation or what happened to you that made you more likely to seek justice?*
- d. *Was there anything about the professionals involved - such as the police or lawyers - that you felt made you more likely to seek justice?*
- e. *Was there anything about the process of telling the professionals working in the justice system that you felt made you more likely to seek justice?*

3. What things do you feel made it harder for you to seek justice?

Prompts

- a. *What is it about that that you think made you it harder to seek justice?*
- b. *Was there anything that you were aware of hearing or seeing in the media that made it harder for you to seek justice?*
- c. *Was there anything that you felt was specific to you, your situation or what happened to you that made it harder to seek justice?*
- d. *Was there anything about the professionals involved - such as the police or lawyers - that you felt made it harder to seek justice?*
- e. *Was there anything about the process of telling the professionals working in the justice system that you felt made it harder to seek justice?*

The experience of disclosing (if the participant has ever made a disclosure)

4. If you ever did engage with the justice system, what was that like for you?
 - a. *What impact did it have on you?*
 - b. *Can you tell me more about that?*

5. What about that process, if anything, do you think helped you keep going ahead with it?
 - a. *What was helpful about that?*
6. What about the process, if anything, made staying involved with it more difficult?
 - a. *What was it about that was particularly difficult?*

Improving support

7. What, if anything, do you feel could have been done to support you when considering whether or not engage with the justice system?
 - a. *Can you tell me more about that?*
 - b. *Is there anything anyone could have done that might have helped you seek prosecution?*
 - c. *Is there anything you feel could have been different about the process itself which you think might have helped you to seek prosecution?*

Thank you for all your answers so far. I want to make sure I have a full understanding of what has influenced your thinking about telling professionals in the justice system about what happened to you. Is there anything you think was important that I haven't asked you about so far?

Appendix 9: Participant Themes

[illegible]

Appendix 10: Analysis Extract

| Theme | Transcript | Initial coding |
|---------------------------------------|---|--|
| | Interviewer: This might seem like a difficult question to answer, but what are some of the things that came into place for you to feel - like you've talked a bit about some, like about your family knowing and having support there. Is there anything else that you feel came into place for you to feel that you were in a position to be able to do that? | |
| Self-belief/strength | Participant: Mostly it was my family but with having the help here, help at the [Mental Health Team], eh, just stuff like that, it just always felt...it just felt as if it was the right time. At first I was like, when I first went to the police station I went to walk in and it took me about half an hour to walk in. I was standing on the stairs and I was like "can I do this?" But then I just think "I've come this far and I want to show him that I have survived and it's him now that's got to face up to what he's done". So you just think about all these things and...aye there's a chance he'll get off with it. But there's a chance he willnae. You get told all that anyway. Em, you have some people saying "why did you do it? Why did you leave it that long?" But they don't understand, as a child you're terrified. I mean, he was evil. He used to hold my pup up by the scruff of the neck then bounce him off the floor. Just fucking troll. I'd like to see him do it now 'cause I've got two big dogs that'll just eat him. So, it's up to him now if he wants to try that one. But as a child you don't know who to turn to. 'Cause you don't think anybody will believe you. So, as you get older it's as if everything just slots in and you're like "this is my life and I'm taking my life back now". But it is hard. I mean, people think it's easy going to the police and that but it's not, it's one of the hardest things to do. Even telling family and that what's happened I was...I think that was worse than going to the police. | Support |
| Timing/agency over disclosure | | Right time |
| Reasons to take the risk | | Questioning ability to do it/monumental decision |
| Information | | Abuser accountability |
| Risks of disclosure | | Being told |
| Safety | | Fear of abuser? |
| Match between evidence and experience | | Increased safety |
| Reasons to take the risk | | Fear of not being believed |
| | | Taking back control |

| | | |
|--------------------------|--|--------------------------------------|
| Risks of disclosure | <p>Interviewer: What was it that was so difficult about that?</p> <p>Participant: What, telling my family?</p> <p>Interviewer: Yeah...</p> <p>Participant: Just...I don't know it's...it's like I'm hurting but you don't want to see anybody else hurting. And you know as soon, like - especially my dad, I've always been a daddy's girl, I get anything I want, even now, I just give him the wee eyes and that's it - and the thought of seeing the hurt in his face. 'Cause then they think they've never...they didn't protect you. 'Cause they still, my mum and dad still say that, "we never protected you, we never protected you properly". But they don't understand, people like him, they've got ways of getting at you, even if, I mean my mum and dad were in most of the time but he still had ways. But see trying to explain that and just seeing the hurt on their face. And my real brother, he's got, he is quiet but see when he lets it go, he lets it go and I knew how angry he would be. He went - when I told him - he actual went out the back and smashed up a shed with anger. No at me, at...And then when you do tell them you're like that, you just sit back and you can see hurt in all of them. Like, as if, they've all let you down and they haven't. Like, I keep trying to explain the only people, the only person that let me down was him 'cause he was the rapist, not yous. You were fine. But it's hard to explain it to them. Especially when you see them hurting and all that, it's horrible. 'Cause it's the last thing you want to do is hurt your parents and. Different when you were a teenager and you really hurt them but when you get older you don't want to hurt them. You don't want to see them suffering this pain that they don't know how to deal with. So, aye it was hard. Especially with the temper off my brother.</p> | <p>Hurting family</p> <p>Guilt</p> |
| Reasons to take the risk | | Identifying responsibility of abuser |
| Risks of disclosure | | Hurting family |